

# FAMILY FOCUS | 2012

Challenging Times –  
How 2013 can be made better



**SOS CHILDREN'S  
VILLAGES**

A loving home for every child





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*A caring family is where  
siblings share a future  
– SOS Social Centre  
Retalhuleu/Guatemala.*



# PREFACE | INVESTING IN FAMILY IS MORE ABOUT ATTITUDE THAN ECONOMICS

**A child's healthy development is best realised in a caring family environment. This conviction underpins the SOS Children's Villages vision that every child belongs to a family and grows with love, respect and security. In essence, a family means everything to a child.**

Although a clear or universal definition of what constitutes a family does not exist and new forms of families have come into existence, in this report SOS Children's Villages refers to "family" as a social group with a commitment to the loving upbringing and socialisation of children.

Having the child and his/her development in the centre, we work with local communities and partners around the world to strengthen disadvantaged families. We assist them to manage their lives independently and provide adequate care for their children's holistic development. Only strong family environments can support children adequately.

In light of the global economic crisis that is a cause of concern to a growing number of disadvantaged families worldwide, the objective of this report is to demonstrate what can be achieved in the coming year to protect the most vulnerable in society. It is informed by a survey among SOS Children's Villages national associations on what they perceive as major challenges for families today. Their views are based on their daily work with over two million vulnerable children and their families in SOS Children's Villages programmes. Their work revolves around strengthening families. This is done by supporting or providing for the specific needs of individual children in terms of childcare, education, health, emergency relief or issues directly related to poverty.

The survey reflects concerns about how changes to the global economic landscape have impacted on families everywhere, especially those who already faced difficulties. The crisis has undermined their fundamental human rights as they find themselves deprived of basic living standards such as appropriate food, housing, health care and schooling for their children. Families who lack social services and other support are prone to suffer the consequences in terms of quality of parental care, which too often leads to child abandonment.

For SOS Children's Villages, protecting and promoting the rights of children includes supporting communities and governments in social, education or health service provision for families. The UN Convention on the Rights of the Child affirms the family as a 'natural environment for the growth and well-being of children' in 'an atmosphere of happiness, love and understanding'. Such family environments require decent living standards for a family to live in dignity and for parents to have the time and resources to devote to the full and optimal development of their children as self-reliant, self-confident members of society.



Richard Pichler at the  
SOS Hermann Gmeiner  
School in Piliyandala/  
Sri Lanka

The International Day of Families, proclaimed by the UN General Assembly in 1993, is observed annually on the 15th of May and reflects the importance the international community attaches to families. We take this opportunity to join in promoting awareness of the challenges affecting families today, to share our experience of supporting them around the globe and to call for broad attention to their situation and needs.

Supporting families has more to do with attitude than economics. The current economic challenges that confront governments and decision-makers everywhere are not an excuse for inaction. Therefore, legislators who are committed to the notion of placing “family first” must act on their commitments to the UN Convention on the Rights of the Child by placing the needs of the family at the core of all future policy decisions. This is the first step to ensure that we invest in families to prevent perpetuating an intergenerational cycle of poverty.

Various crises across the globe must not increase family vulnerability or undo recent achievements. Past progress gives reason for optimism: 33,000 children under five died every day in the early 90s<sup>01</sup>. In recent years this grim statistic has significantly reduced. The family-focused attitude of decision makers in many countries has contributed to the fact that every day 12,000 children who would have died can now live to celebrate their fifth birthday<sup>02</sup>.

This “can do” approach must continue and should also be adopted to strengthen child rights and development. Investment in families delivers a dividend that is not easily measured in economic terms. Our “call to action” provides realistic options for all who wish to do something NOW to make life better for disadvantaged families in 2013 and beyond.

**Richard Pichler**  
*Secretary General*  
*SOS Children's Villages International*

01 | UN Inter-agency Group for Child Mortality Estimation (2011: 1)

02 | UN Inter-agency Group for Child Mortality Estimation (2011: 6)



*The SOS Children's Village in Manaus, Brazil, provides an atmosphere of happiness and fun.*



The UN Convention on the Rights of the Child affirms the family as a 'natural environment for the growth and well-being of children' in 'an atmosphere of happiness, love and understanding'.



*The changing face of the family – permitting families to migrate together ensures children are raised in a family environment and not just by grandparents.*



## EXECUTIVE SUMMARY

Disadvantaged families across the globe face unprecedented change, brought about by recent global economic turbulence: this report outlines achievable objectives to address the reality and identifies solutions. Worrying predictions for 2013 and beyond can be reversed. Social protection, forced economic migration, preventive health strategies and education can be significantly improved in spite of the economic challenges. Family Focus 2012 is about placing the concept of a strong family environment at the core of every decision made, to ensure unnecessary hardship is averted in 2013 and thereafter<sup>03</sup>.

The UN and the World Bank estimate that the current economic crisis has driven an additional 47 to 84 million people into 'extreme poverty'<sup>04</sup>.

An individual forced to live on less than 1.25 US dollars per day is deemed to live in "extreme poverty". This figure understates other less tangible difficulties faced by families from diverse regions of the world who are united in poverty. In most cases they are brought about by issues related to urbanisation, climate change and the faltering of informal social protection mechanisms and public support structures.

This report explores five areas of common concern identified in a survey of hundreds of teams engaging with children and families in SOS Children's Villages across 87 countries over five continents. The conclusions are the result of a survey designed to identify changing family needs.

## 1. States failing to respond to poverty crisis affecting families

Given that the economic crisis places pressure on governments' ability to support families, there is a greater need to reinforce adequate social protection measures. The most vulnerable families living in poverty or those from an ethnic minority or migrant background are often overlooked by, or excluded from public service provision.

A lack of services supporting adequate living conditions, nutrition and health care contribute to continued child mortality in developing countries. Governments have a legal duty to support families in areas such as housing, sanitation and infrastructure, food security, health care and education.

*When the Greek government cut public expenditure severely, progressively de-regulated the public welfare system and cut public workers' salaries, the number of families supported by SOS programmes increased from 210 to 1,230 within a year<sup>05</sup>. (National Director, SOS Children's Villages Greece)*

### The SOS Children's Villages response:

- **We strengthen existing social services** and family centred support systems, contributing to their quality and sustainability by; e.g. supporting established community groups in assisting families and especially children without parental care or by providing training to local governments to improve social services.
- **We deliver direct family-centred social protection** services where a vacuum exists by finding a specific SOS Family for each child or by providing children with a family in an SOS Children's Village.
- **We advocate to influence family-centred policy**, legislation and service implementation, in partnership with others at a national and community level; the UN Guidelines on the Alternative Care for Children are a tool used for this purpose.

## 2. The cost of unemployment and migration being met by children

The number of unemployed and working poor is increasing, and many parents are resorting to labour migration to provide financial benefits for their families. However, separating family members can have a devastating impact on family life and child development. Children separated from their parents through migration experience double the rate of emotional distress<sup>06</sup>.

### The SOS Children's Villages response:

- **Support families** in becoming economically self-reliant, through various initiatives e.g. vocational, practical and social skills training in workshops and training centres.
- **We promote and support family and community income generation**, e.g. small family businesses and micro-credit.

05 | Interview with George Protopapas, director of SOS Children's Villages in Greece:  
<http://www.sos-childrensvillages.org/news-and-stories/news/pages/they-are-taking-the-air-we-breathe.aspx>

### 3. Children under five need not die of preventable causes

In 2013 it is predicted that over five million children will die before reaching their 5th birthday<sup>07</sup>. Improving preventive education is essential to keeping children alive and well in countries where healthcare is unavailable or unaffordable. Preventive healthcare based on social, cultural and behavioural change has an immediate and long-term impact, particularly on the lives of women and children.

#### The SOS Children's Villages response:

- **We support the psycho-social and mental component** of family and child health through counselling and therapeutic support. We promote positive family relations.
- **We advocate for legislation** at a national level to give priority to health care services that target preventive and curative family-friendly and child-specific care. This includes support for families outside the formal health insurance system, training and awareness-raising campaigns, and support for governments in scaling up their preventive health measures and crafting legislation.



Improving preventive education is essential to keeping children alive and healthy in countries where healthcare is unavailable or unaffordable.



## 4. School system has lessons to learn to prevent dropout

Recent gains in access to primary education have not been matched by improvements in the quality of schooling or access to secondary and higher education. Many children, especially girls, continue to drop out of school to work in order to contribute to family income; girls and children from poor, less educated or marginalised families are disproportionately affected. Increased access to education through the abolition of school fees is regarded as a contributing factor in the recent decline of child labour<sup>08</sup>. The economic crisis may counteract the gains made and have a negative impact on school attendance.

### The SOS Children's Villages response:

- **We develop quality educational services** that are child-centred, holistic, safe, inclusive and accessible. The approach adopted in SOS Kindergartens adapts to cater for the children's varied needs according to their background, disabilities and faith.
- **We provide educational services** where a void exists and arrange the transfer of ownership to the state or community in due course.
- **We help parents support their children's learning** and claim their educational rights through parental skills training. We emphasise early childhood development so that parents can understand e.g. what games are most beneficial for the optimal development of their child.

## 5. Violence, neglect and exploitation is how the economic crisis affects children

The global economic crisis has severely impacted on parents' caring and coping abilities. Inadequate living conditions and the struggle for economic survival create stress and despair, often furthering conflict, depression, alcoholism or violence. An increasing work-life imbalance is squeezing parents' abilities to devote time to their children. Labour migration and other factors separate families and weaken their cohesion and resistance. Family poverty makes children vulnerable to violence, abuse, neglect and exploitation. Families in these situations require stronger support through community networks, information, public services and support structures.

*Alcohol abuse is especially fuelled by unemployment.  
(SOS Children's Villages Family Survey 2011, Namibia)*

### The SOS Children's Villages' response:

- **We provide parental skill-building** to develop the attitudes, knowledge, skills and capacity required to provide loving quality care for children.
- **We arrange activities for children** to strengthen their self-confidence and family communication for families at risk of breakdown or where a child's self-confidence is undermined.
- **We promote joint family activities** to encourage families to spend time together.



## Call to Action – What can be done NOW to make 2013 better for families?

- **Act on existing family-centred legislation.** By signing up to the UN Convention on the Rights of the Child, states have accepted that they have a legal obligation to support parents and caregivers to raise their children. Social safety nets, clean drinking water, adequate nutrition and a clean environment support the family. Public services need to be empowering and must reach the socially excluded.
- **Employment should strengthen, not split, the family.** The creation of employment in the families' places of origin must receive priority so that no one is forced to choose between finding work and living with their family. Both the public and private sector must therefore work to create decent employment and a fair wage. States with migrant workers must not punish children for their parents' undocumented status.
- **Maternal and child health is a basic need.** This Millennium Development Goal is achievable; however, more resources are required to support initiatives in preventive healthcare, family planning and health education.
- **Quality education can break the cycle of poverty.** While much progress has been made in expanding access to education, more needs to be done to improve the quality of schooling and minimise the number of dropouts. That means supporting early childhood education services for children from disadvantaged backgrounds and updating curricula to foster relevant life skills for the modern world.
- **Help means being there to prevent a bad situation from becoming worse.** Parents need support to do what's best for their children. Ideas and resources need to be invested to change social norms, such as the acceptance of corporal punishment. Placing a child in care should always be the last resort. Community support networks for poor and marginalised families require nurturing.



### **“What are the main challenges facing families?”**

was the question posed in a survey conducted between September and November 2011 and answered by the national directors and their staff at SOS Children's Villages in 86 countries across five continents. Their opinions are based on their daily work in poverty-stricken areas, where they oversee a variety of SOS Children's Villages programmes catering to the needs of over two million vulnerable children and their families.

The following describes the context of the globalised world which these families are adjusting to, to provide a brief understanding of how SOS Children's Villages responds to the variety of challenges across five continents. Each of the five chapters addresses specific challenges identified in the survey. Case studies help explain the complex reality that indicate real family needs.

The report also suggests ways in which different agents can take action to support families in overcoming the current and future crises. In sum, it explores the questions: what problems are the world's families facing today, and what can be realistically done to make a tangible difference in their lives in 2013 and beyond?

## 00 | INTRODUCTION

### With the notion of ‘family’ comes respect

The understanding of ‘family’ today varies with social and economic class, location, cultural belonging and personal choices. Its increasingly diverse composition is distinct across and within societies and is progressively codified in national legislation. A clear or universal definition of what constitutes a family is therefore neither possible nor suitable.

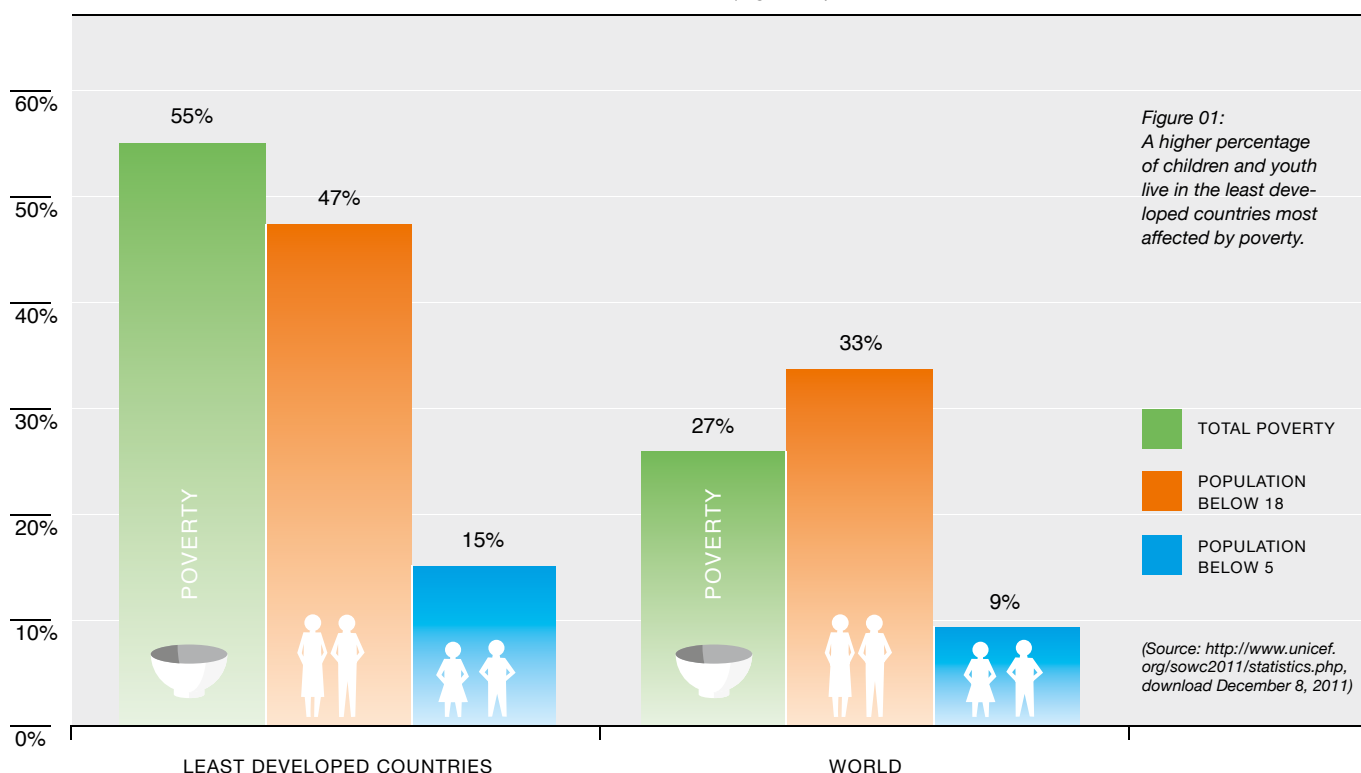
Family remains a fundamental social group in society, playing a central role in socialising the next generation. The UN Convention on the Rights of the Child (UNCRC) recognises the family as ‘the fundamental group of society and natural environment for the growth and well-being of [...] children’. However, formerly widespread criteria are no longer a must, such as a family sharing a biological lineage, common identity or place of residence, or jointly assuming functions such as reproduction, child-rearing and economic cooperation.

The desire of human beings to relate and belong is creating new forms of family, and SOS Children’s Villages welcomes the broad social acceptance of diverse forms of family. As an organisation focusing on child development, SOS Children’s Villages uses ‘family’ in this report to mean a social group with a commitment to the loving upbringing and socialisation of children. As the development of attachment is not based on genetics but on sensitive interactions with any caregiver, it extends beyond biological parents.

This wide understanding of family includes amongst others those with or without marriage bond, nuclear families or extended family networks comprising relatives or community members, monogamous or polygamous families, hetero- or homosexual families, patch-work families, divorced families, co-parenting, families providing alternative care e.g. as kinship carers, guardians, SOS parents or foster parents or others, families where members are living in different locations, single-headed or sibling-headed families, child-headed families, community-based family care arrangements, and many more.

The word ‘family’ comes with respect attached to it. In the view of SOS Children’s Villages, whoever decides to live as a family and take responsibility for each other deserves the respect that is inherent to the word and concept.

PROPORTION OF GLOBAL POPULATION IN POVERTY 2009 (Figure 01)



## 0.1 | THE STATE OF FAMILY IN TIMES OF ECONOMIC CRISIS

The global economic crisis that began in 2008 reduced world trade, resulting in higher living costs and fewer jobs<sup>10</sup>. The increased cost of basic food exacerbated problems faced by poor families and as a result, some now risk malnutrition. Many countries are at heightened risk of breaking their legal obligations towards supporting families as public debt and fiscal austerity measures impinge on social spending<sup>11</sup>. This occurs at a time when the concept of the nuclear family is in a state of flux and globalisation brings mixed fortunes. While the economic cost of the current crisis is debated, the emotional costs associated with forced

migration and social deprivation should not be met by the world's poor, especially when legislative and attitude change alone can save lives and strengthen families.

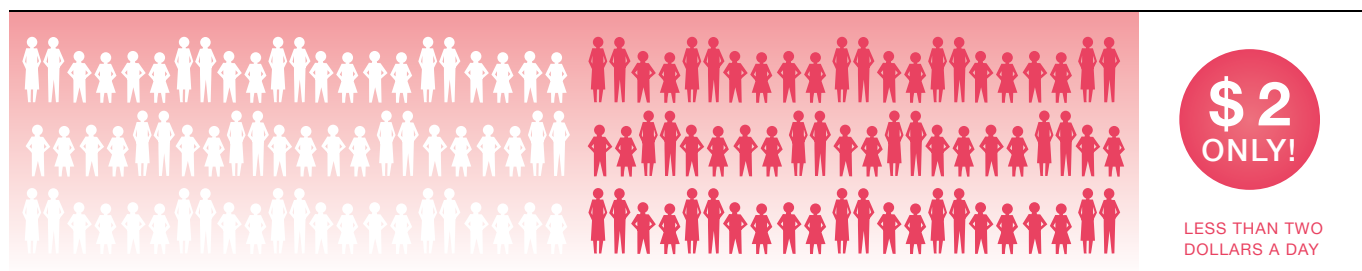
In response to social, cultural and economic transformation, the concept of family around the globe has always been, and remains, diverse. The factors that influence contemporary family life globally include: demographic shifts, cultural changes, globalisation, economic recession, and the uneven pace at which states address development issues.

10 | United Nations (2011b: 6-8)

11 | United Nations (2011: 78)



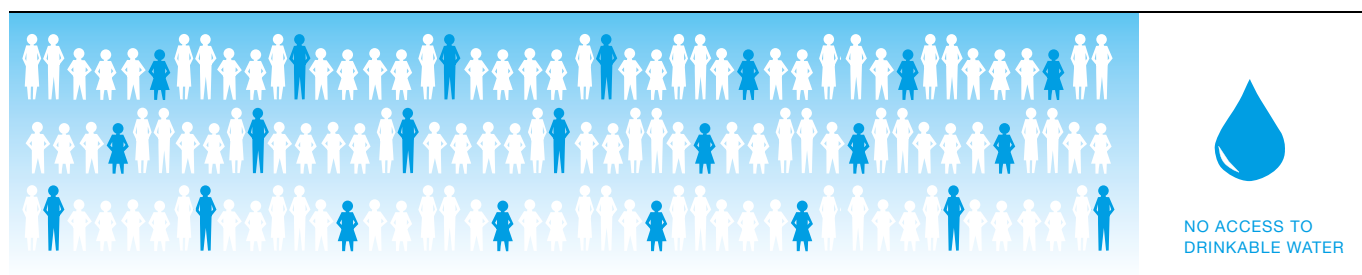
## HALF OF THE POPULATION OF DEVELOPING COUNTRIES LIVES ON LESS THAN \$ 2,00 A DAY <sup>20</sup> (Figure 02)



## A QUARTER OF THE POPULATION OF DEVELOPING COUNTRIES HAS NO ACCESS TO ELECTRICITY <sup>20</sup> (Figure 03)



## ONE OUT OF SIX HAS NO ACCESS TO CLEAN WATER <sup>20</sup> (Figure 04)



# Socio-cultural transformation in the understanding of family

Across the world's 49 least developed countries, almost half the population is under the age of 18<sup>12</sup>, and many of these children and youth live in poverty. In those parts of the world where birth rates remain high, a quarter of all children and youth live in the poorest families, who receive only 3.2 % of the global income<sup>13</sup>.

In other countries, slowing population growth rates are decreasing the average family size. This is one factor causing a shift in family structure from the traditional extended family, more typical of human history and developing countries, to the nuclear family which now dominates in the industrialised world<sup>14</sup>.

The modern concept of the nuclear family evolved in a Western context along with industrialisation and technological progress. Characterised by strong emotional bonds and intimate individual relationships between couples and between parents and children, it brought a new and diverse understanding of living together and raising children.

However, many diverse types of family – including single parents, same sex couples, unmarried and remarried couples – are now widely accepted as normal and unremarkable across the industrialised world<sup>15</sup>.

This transition is also happening, though more slowly, in many emerging and developing countries as concepts of individual freedom, social and gender equality spread through globalisation and the mass media. Across Latin America, there is 'a higher number of incomplete families, patchwork families and single occupied homes than in the past'<sup>16</sup>. The Asia Pacific region is witnessing the 'appearance of new and diverse forms of living arrangements such as co-habitation and living-apart-together'<sup>17</sup>.

The shift in the socio-cultural understanding of family values is causing generational clashes in many traditional cultures, where it is often seen as a threat to long-standing customs, ethics, belief-systems and roles.

12 | UNICEF (2010a: 7), 13 | ibid, 14 | UNESCAP (2009: 7)

15 | Trask (2011: 2), 16 | Marcela Cerrutti, Georgina Binstock (2009: 51), 17 | UNESCAP (2009: ix)

## Globalisation brings mixed fortune

Today, the acceleration of globalisation both interconnects and fragments the lives of families. Families profit from opportunities such as growing mobility and access to information, but also suffer consequences over which they can exert little influence. While liberalisation and global trade have brought economic growth, inequality in access to resources excludes poor and disadvantaged families and constrains their potential contribution to society<sup>18</sup>. Mobile phones and television increasingly connect even remote and rural areas, but disparity in access remains stark and creates new forms of inequality: While 72 % of people in

the developed regions use the internet, only 21 % in developing countries do<sup>19</sup>.

*Despite progress made in tackling the Millennium Development Goals (MDGs), close to half the population of developing countries live on less than two dollars a day, nearly a quarter lack access to electricity, and one in six lack access to clean water<sup>20</sup>.  
(World Development Report 2010)*

## Urbanisation and climate change drive migration and deepen poverty

Over half of the world's population live in cities and this proportion is growing fast<sup>21</sup>. For families, urbanisation is a mixed blessing. On the one hand, families living in cities have on average more access to resources than rural families; on the other hand, poorly managed urbanisation is likely to increase family vulnerability. Large urban populations put more pressure on ecosystems and increase competition for resources and demand for energy.

Climate change is also having a growing impact on developing countries, with millions of families suffering the effects of floods, storms and droughts<sup>22</sup>. Natural disasters destroy settlements and food resources; they contaminate water, cause various diseases, and draw away resources from development. Changed sowing and harvesting rhythms also imperil the livelihoods of rural families.

It has been estimated that there will be around 200 million 'climate refugees' by 2050, with a greater risk of children being separated from their families<sup>23</sup>. Additionally, humanitarian conflicts and persecution displaced around 43 million people globally by the end of 2010, about half a million more than the year before<sup>24</sup>.

Traditionally, informal social protection mechanisms have supported family life in developing countries and cushioned the impact of poverty on households. However, community, neighbourhood and extended families' support networks are increasingly being eroded through economic hardship and the trends towards the nuclear family, urbanisation and labour migration<sup>25</sup> (see chapter 2).

## Gender roles are changing like never before

One consequence of social change affecting families all around the world is the increasing acceptance of women taking paid employment. This can be seen as a welcome liberation from 'the burden of complying with traditional social expectations'<sup>26</sup> and a chance to increase family income. It can also be seen as a 'diminishing of traditional care-giving functions of the family'<sup>27</sup>. Women's growing participation in the labour market is changing family structures through contributing to delaying marriages and reducing fertility rates, and through questioning the traditional social gender identity of men as sole breadwinner. Data from many countries shows increasing rates of marital breakdown, single parenthood and female-headed households<sup>28</sup>.

Men, meanwhile, are progressively becoming more involved in care-giving, especially in urban settings and among educated couples. The recent International Men and Gender Equality Survey shows that even beyond high-income countries, both men and women value greater participation by men in the lives of their children<sup>29</sup>.

However, gender inequality persists and women are far from having an equal share in income, economic activity, assets or social participation<sup>30</sup>. Globally, women earn on average 22 % less than men<sup>31</sup> and spend 2 to 10 times more time on unpaid care work than men<sup>32</sup>.

18 | UNRISD (2010: 4-6), 19 | Figures from late 2010, United Nations (2011b: 63), 20 | The World Bank (2010: 39), 21 | UNFPA (2011: ii), 22 | World Bank (2010:37),

23 | Save the Children, 'Legacy of disaster' in: Reale (2008: 9), 24 | United Nations (2011b: 15), 25 | ODI/UNICEF (2009b: 30); UN DESA (2011: 19, 51); UNESCAP (2009: 7)



## 0.2 | WHAT SOS CHILDREN'S VILLAGES DOES

Through a multitude of programmes in 133 countries across the globe, the universal objective of SOS Children's Villages is to create a positive framework to maximise the chances for the most vulnerable children to develop – those who have lost, or are at risk of losing, the care of their parents. In accordance with the UN Convention on the Rights of the Child and the UN Guidelines for the Alternative Care of Children, SOS Children's Villages puts the child as actor in his/her own development in the centre.

As SOS Children's Villages firmly believes in a caring family as the best possible environment for a child, the primary focus of the organisation's child development programmes is strengthening different forms of families providing care for children. SOS Children's Villages works jointly with local families, communities and states, developing various support measures to prevent children from losing the care of their family due to reasons such as financial difficulties, HIV/AIDS, stress or social marginalization.

Individualised solutions are found for children who have already lost family care. These solutions can include the provision of foster families or integration into an SOS family, where children are supported, protected and cared for in a loving family environment.

Families have to be well supported by the surrounding environment, resourceful and child-friendly communities, family-focused quality services and suitable infrastructure, as well as a supportive legislation. Communities with a high number of families at risk are assisted to assess their needs, develop strong social support networks and strengthen their caring, coping and protection capacities. SOS Children's Villages strives to empower communities to understand and focus on the needs and rights of children and give families access to the full range of services required for the holistic development of their children, in areas such as education, health, work or psycho-social care. SOS Children's Villages also helps children with tailor-made support in cases of natural disaster or armed conflicts.

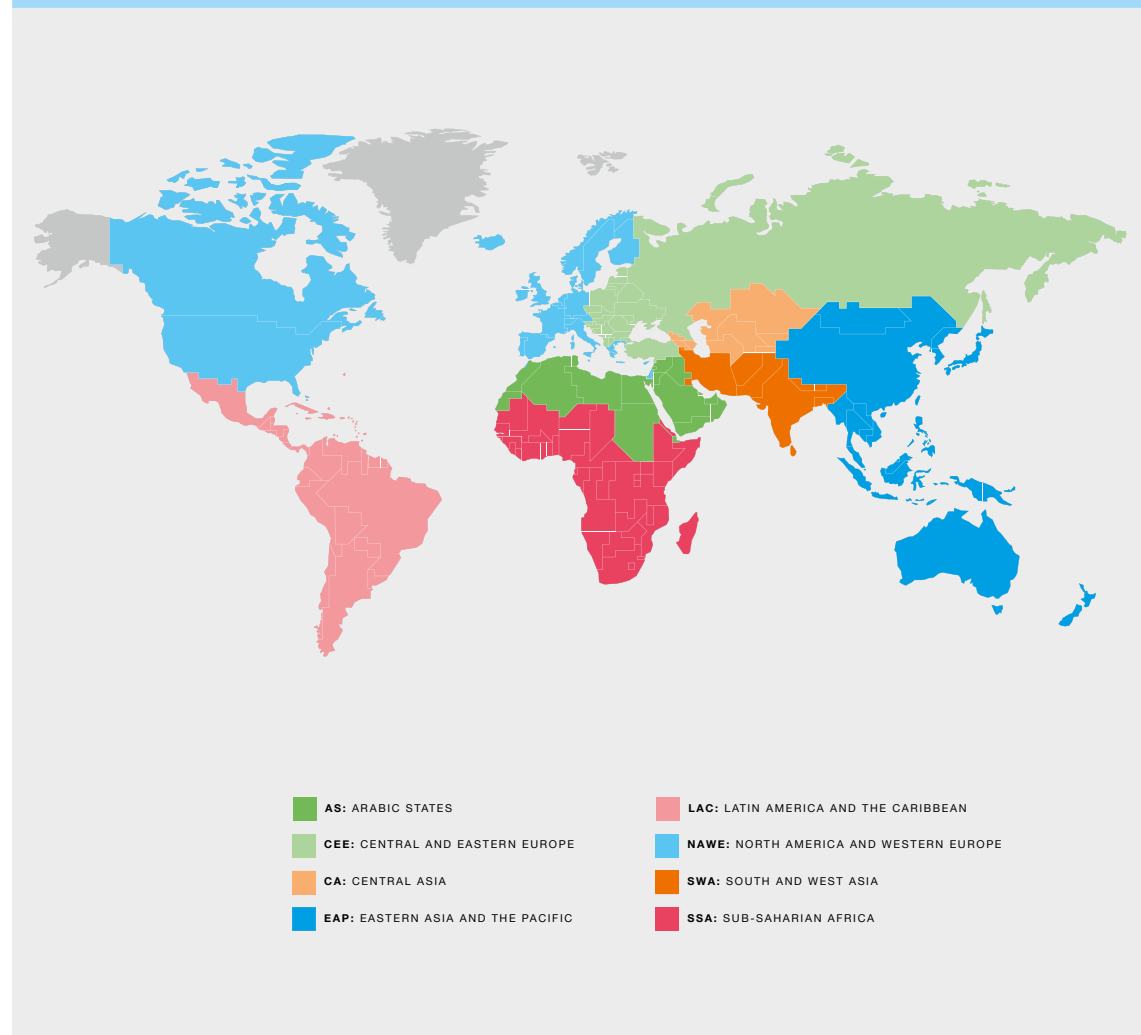
26 | Marcela Cerrutti, Georgina Binstock (2009: 51), 27 | UNESCAP (2009: ix), 28 | UN DESA, (2011: 16); UNESCAP (2009: 8-9); Marcela Cerrutti, Georgina Binstock (2009: 26, 30)

29 | UN DESA (2011: 15-16), 30 | World Bank (2011: 13), 31 | World Bank (2007), in: UN DESA (2011: 11), 32 | Budlender (2008), in: UN DESA (2011: 11)

## Across the globe, SOS Children's Villages works in a variety of ways to support families and children at risk:<sup>33</sup>

- **430,500 vulnerable children and adults are supported according to their specific needs**
- **607 programmes help strengthen families and communities**
- **80,300 children and youths are provided with family-based alternative care**
- **148,400 children, youths and adults are provided with education or vocational training**
- **455,700 people are administered in 72 medical centres and health programmes**
- **1,137,700 people are provided for through 13 emergency relief programmes**

All indicated figures follow the UNICEF country-classification (see appendix p. 128).



## 0.3 | WHY A JOINT RESPONSE WORKS BEST

The SOS Children's Villages family survey results show that families and communities around the globe have been hit hard by recent global economic events. This exacerbated problems that had previously affected families suffering from poverty and social marginalisation. The various problems they face are interlinked and require a multi-sectorial comprehensive response.

Local and national policy plays a major role in shaping the family environment. Almost all of the world's governments have ratified the UN Convention on the Rights of the Child (UNCRC), which commits them to create an adequate legal framework and take supportive action to assist families in assuring their children's comprehensive development.

Questions arise as children's rights are affected by a variety of family policy areas that must converge to be effective:

- Do health and education systems give parents the support they need, from ensuring health throughout pregnancy to knowing how to help their children's physical, mental and emotional development?
- Do economic policies enable parents to find jobs paying a living wage, in decent conditions that do not require extended periods away from their homes?
- Are there safety nets to ensure that parents who are unable to work, or who earn little, can still provide for their children?

In deciding how to transfer the UN Convention on the Rights of the Child commitments into policies, governments are influenced by many actors. They may face direct

obligations from lending institutions such as the World Bank, the International Monetary Fund and bi-/multilateral donors, or regional political and economic associations such as the European Union, the Council of Europe, the African Union, the Association of Southeast Asian Nations (ASEAN) or the North American Free Trade Agreement (NAFTA). Supranational structures such as the various United Nations agencies or programmes and the Organisation for Economic Co-operation and Development (OECD) facilitate cooperation or funding and promote human rights policy frameworks that influence governmental legislation and implementation. Governmental policies may be further swayed by the voice of the media and by corporations, philanthropic foundations or NGOs' advocacy, lobbying or offers of funding and technical support.

In co-operation with various organisations, SOS Children's Villages works with governments where decision makers are reminded of their responsibilities under the UN Convention on the Rights of the Child. They are also encouraged to understand the importance of placing a strong family environment at the core of every decision made.

Based on the results of the survey among SOS Children's Villages national associations, the following chapters look in depth at five major challenges poverty-stricken families are facing in relation to basic human rights:

- The lack of adequate public support
- The increase in labour migration spurred by unemployment
- The inadequacy of preventive health services
- The insufficiency of education services and income resulting in school drop-outs
- The negative impact on parental care quality

“ [...] poverty is so high that government alone cannot address this issue.”

*(SOS Children's Villages Family Survey 2011, Gambia)*



# 01 | STATES FAIL TO PREVENT WORSENING POVERTY



*Siblings supported  
by SOS Family  
Strengthening Programme  
in Sofia, Bulgaria.*

## 1.1 | THE CHALLENGE: FIGHTING POVERTY IN TIMES OF ECONOMIC CHANGE

**Governments** have a legal duty to support families in areas such as housing, sanitation and infrastructure, food security, healthcare and education. However, a lack of services in developing countries contributes to inadequate living conditions, continued malnutrition, diseases and child mortality. Given that the economic crisis is putting pressure on governments' abilities to support families in these areas, there is a greater need to reinforce social protection measures. The most vulnerable families – those living in poverty or from an ethnic minority or migrant background – are often overlooked by, or excluded from, public service provision.

*The available services are not sufficient to provide necessary support to all vulnerable families, therefore children do not receive adequate support and many rights are violated. Municipalities have limited resources to provide material aid and social services. (SOS Children's Villages Survey 2011, Ethiopia)*

As the Universal Declaration of Human Rights states: 'Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services'.

Social services and support schemes are essential for families to be able to ensure the basic well-being of themselves and their children. Supporting families should be a priority for all states. The UN has highlighted the 'critical importance of social protection for reducing vulnerability' and affirms that 'universal access to basic social protection and social services is necessary to break the cycle of poverty and reduce inequality and social exclusion'<sup>34</sup>.

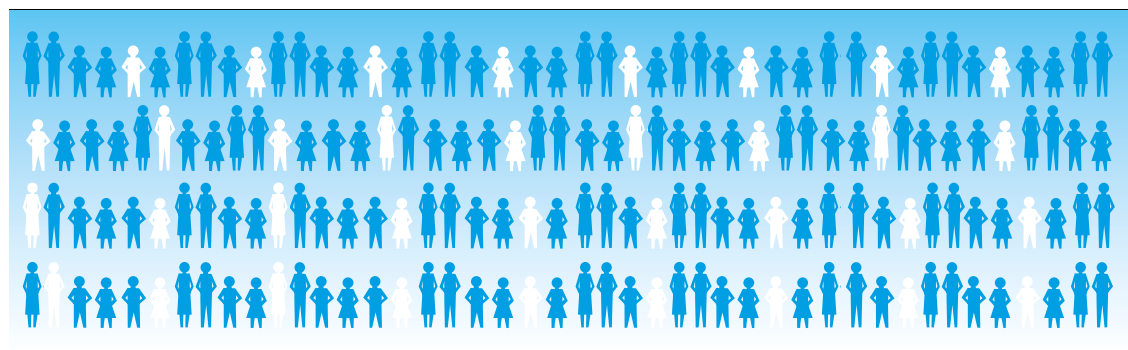
Besides the provision of basic

services in the area of infrastructure, health or education, state support consists of social protection measures including social insurance, pension schemes and social assistance, which is especially important for vulnerable groups without (or with very low) incomes, including many poor families.

The UN Convention on the Rights of the Child (UNCRC) and the UN Guidelines for the Alternative Care of Children are among the international documents which set out responsibilities for governments in providing appropriate support to parents in their child-rearing responsibilities. When a national government ratifies the UNCRC, it accepts responsibilities that are legally binding under international law. In many countries ratification has led to far-reaching legal reforms.



## NUMBER OF PEOPLE LIVING IN URBAN SLUMS

FOUR OUT OF EVERY FIVE LIVE IN RURAL AREAS<sup>35</sup> (Figure 05)

884 MIO. PEOPLE  
WORLDWIDE LACK  
ACCESS TO CLEAN  
DRINKING WATER

ONE IN THREE OF THE WORLD'S URBAN DWELLERS HAVE INADEQUATE SANITATION<sup>35</sup> (Figure 06)

NO ACCESS  
TO ADEQUATE  
SANITATION

## Providing shelter and sanitation keeps families and communities strong

*The government needs an effective programme for the construction of social housing to allow accommodation of urban and rural families living in precarious housing conditions, giving them back their dignity.*

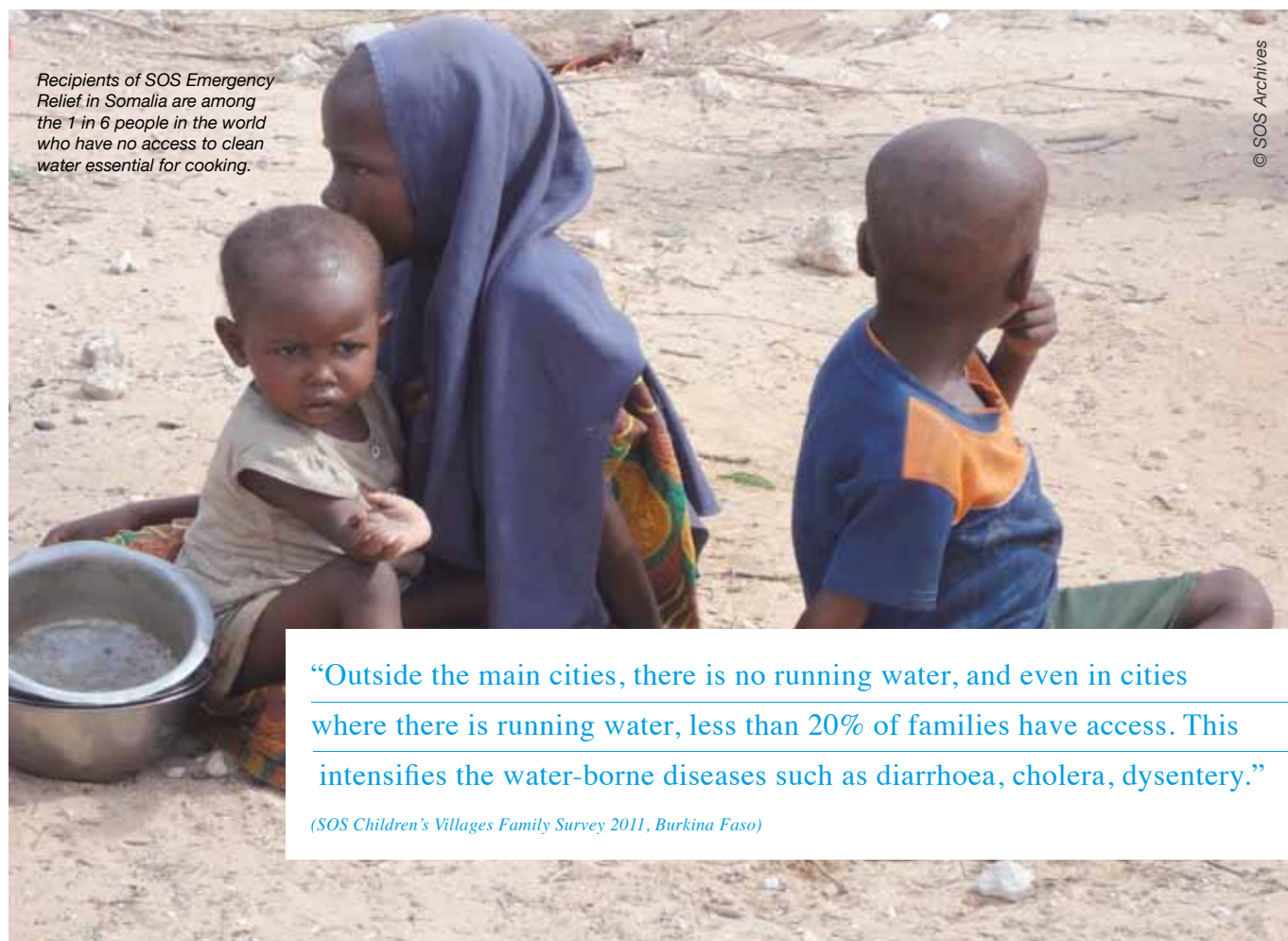
*(SOS Children's Villages Family Survey 2011, Angola)*

Rural poverty has led to the migration of an estimated 828 million people to urban slums, an increase of 26% since 1990.

- 884 million people worldwide lack access to clean drinking water despite major improvements. Four out of every five live in rural areas.
- In Southern Asia, recent improvements have mainly benefited the wealthy; sanitation coverage for the poorest 40% of families has hardly increased, and 64% of the population lacks access to improved sanitation<sup>35</sup>.
- Three out of five people in Sub-Saharan Africa have not had any improvements to sanitation services; almost half have had no improvement in water supply<sup>36</sup>.
- One in three among the world's urban population live without adequate sanitation; almost half of all rural dwellers share the same problem<sup>37</sup>.

More than any other group, young children are especially vulnerable to the risks posed by contaminated water, poor sanitation and poor hygiene<sup>38</sup>.

- Every year, 1.9 million children under five die from diarrhoeal diseases.
- 1.5 million of these deaths are related to unsafe drinking water, inadequate availability of water for washing and cooking, and lack of access to sanitation<sup>39</sup>.



*Recipients of SOS Emergency Relief in Somalia are among the 1 in 6 people in the world who have no access to clean water essential for cooking.*

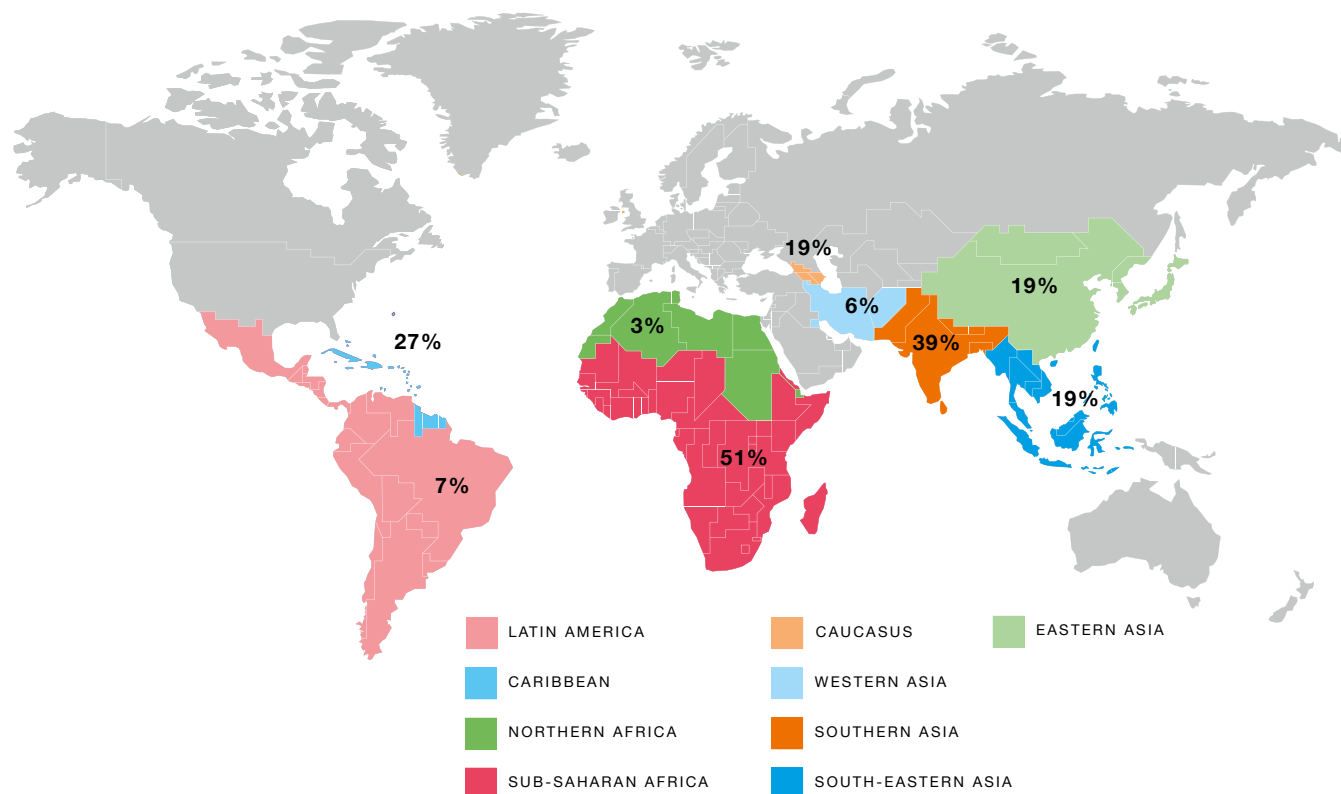
© SOS Archives

**“Outside the main cities, there is no running water, and even in cities where there is running water, less than 20% of families have access. This intensifies the water-borne diseases such as diarrhoea, cholera, dysentery.”**

*(SOS Children's Villages Family Survey 2011, Burkina Faso)*

<sup>35</sup> | UNICEF (2010a: 8), <sup>36</sup> | UNICEF (2008: 9-10),  
<sup>37</sup> | United Nations (2011b: 55-56)

<sup>38</sup> | Haines, Andy, et al., The Lancet (2007), in: UNICEF (2008: 31-32), <sup>39</sup> | Powell-Jackson, Timothy, et al., The Lancet (2006), in: UNICEF (2008: 31-32)

PERCENTAGE OF POPULATION LIVING ON LESS THAN \$1.25 A DAY <sup>40</sup> (Figure 07)

## Regional trends in poverty and extreme poverty

Around 20% of the world's population lives in extreme poverty, defined as having to survive on less than 1.25 dollars a day. Using this definition, the UN and the World Bank estimate that the recent economic crisis has driven an additional 47 to 84 million people into extreme poverty <sup>40</sup>.

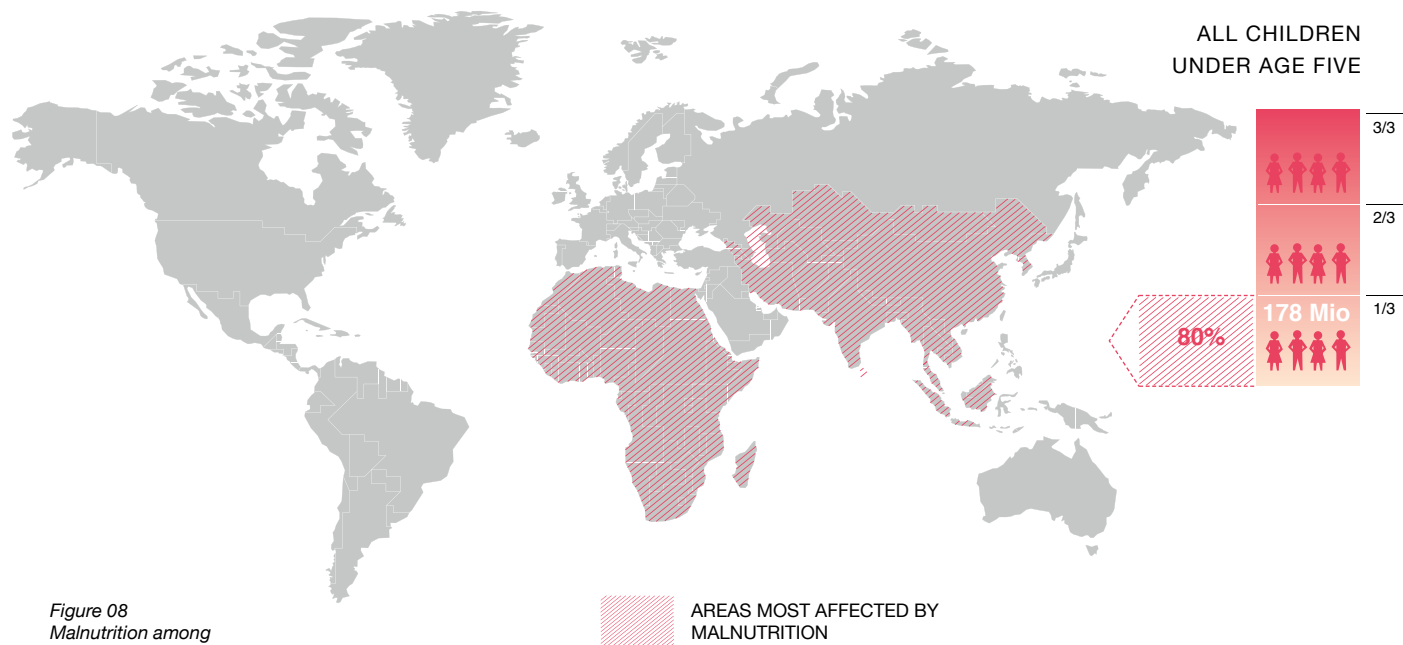
Broadening the definition from “extreme poverty” to “poverty” – officially defined as two dollars per day – brings a dramatic rise in poverty rates in developing countries <sup>41</sup>. Even this measure, however, understates the difficulty of achieving a decent quality of life on a few dollars per day – and measuring poverty only through income fails to capture its numerous other dimensions. The ‘Multidimensional Poverty Index’ introduced by UNDP in 2010 includes such measures as living standards and access to nutrition, health and education, and better reflects the vulnerability of household members.

There is no commonly agreed measure of poverty across OECD countries. Many classify people as ‘poor’ when their household income is less than half of the national median. Based on these definitions, the average OECD country poverty rate is 11%. The at-risk-of-poverty rate for households with dependent children in 2009 was 17.6% in the European Union, and poverty risks have shifted towards families with children <sup>42</sup>. In the United States of America, poverty rates have been on the rise: 21% of children lived in poor families in 2009 (15.3 million children), meaning their family income was less than \$22,050 a year for four children; and 9% of children lived in extreme poverty. There are tremendous differences among states and a greater poverty likelihood for black, American Indian, Hispanic and migrant families. Western and Central Asia witnessed an increase in poverty from 1990 to 2005, with reductions in every other region – most significantly in East Asia <sup>43</sup>.

<sup>40</sup> | World Bank and International Monetary Fund (2010), United Nations (2010a), in United Nations (2011: 1), <sup>41</sup> | United Nations (2009: 10)

<sup>42</sup> | ‘OECD Doing Better For Families’, in: Eurochild (2011: 1), <sup>43</sup> | National Centre for Children in Poverty, Columbia University: <http://nccp.org>



MALNUTRITION AMONG CHILDREN UNDER AGE FIVE <sup>45/46</sup> (Figure 08)

## The consequences of malnutrition and food insecurity are severe

*Malnutrition is the biggest contributor to child mortality. It inhibits educational performance and is a key impediment to economic growth through its consequences for health, the ability to learn and labour productivity.*  
(SOS Children's Villages Family Survey 2011, Tanzania)

Developing countries, where agriculture is the main income source, were hardest hit by the substantial increase in food commodity prices that has continued since 2007. While expenditure on food was increased in response to the crisis – including food subsidies, cash transfer and feeding programmes (e.g. in schools, or food for work) – the available funds were limited and they did not reach all groups in need <sup>44</sup>.

Around 178 million young children, about one-third of all children under age five, still suffer from malnutrition, measured by severe or moderate stunting – that is, being short for their age <sup>45</sup>. 80% of them live in twenty-four countries in Africa and Asia <sup>46</sup>. Each year, about 19 million children

in developing countries are born underweight because of their mother's poor nutrition during pregnancy <sup>47</sup>.

Children who go to bed hungry or whose parents cannot afford to give them a balanced diet face severe long-term consequences: Delayed growth impairs brain and motor development, undermines the learning capacity of the child and might lead, later in life, to low work productivity and restricted quality of life. Undernutrition of mother or child contributes to more than 30% of child deaths <sup>48</sup>.

Nutrition problems are often invisible, in the sense that they go unnoticed until undernourished children fall sick <sup>49</sup> (see chapter 3), and hence remain a low priority on national development agendas. Low-cost measures proven to be effective in the critical period of early childhood include promotion of breastfeeding for the first six months, assuring complementary feeding and micronutrient intake, vitamin A supplementation and universal salt iodization.

44 | United Nations (2011: 83-88), 45 | Stunting (short height for age) is a common measurement in assessing the nutritional status of children: UNESCO (2010: 44)

46 | UNICEF (2009b: 11), 47 | UNICEF (2009b: 22), 48 | WHO and UNICEF (2010: 11), 49 | UNICEF (2009: 11)

## Economic issues must not undermine social, education and health spending

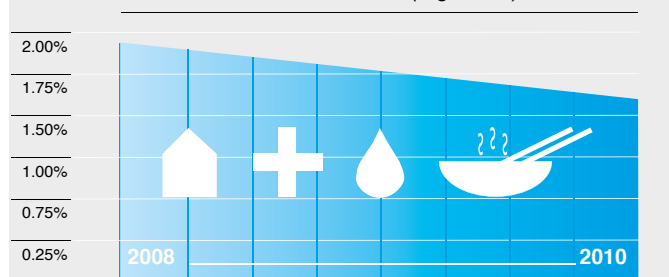
While the impact of the economic crisis on social provision is difficult to estimate, there is a fear that progress in reaching the UN Millennium Development Goals might have slowed<sup>50</sup>. Research in 28 low-income countries shows that government spending on social protection declined from 2008 to 2010 from 1.9 to 1.6% of GDP (in Sub-Saharan Africa, from 1 to 0.6%)<sup>51</sup>. External aid is also coming under pressure: Economic crises tend to cause OECD countries to cut their development aid budgets, and the World Bank anticipates that development aid may fall by nearly one quarter<sup>52</sup>. Preliminary evidence suggests that social spending has suffered most in Eastern Europe and Central Asia, whereas in Latin America it has more or less been maintained<sup>53</sup>.

The crisis is threatening education and health spending. Monitoring by the UNESCO Education For All Initiative (EFA) shows that seven out of eighteen low-income countries cut education spending in 2009<sup>54</sup>. A recent United Nations report quotes examples of governments delaying access to free education or calling for a re-introduction of user fees to combat their funding crisis<sup>55</sup>.

Insufficient funding has a direct impact on vulnerable families' access to education. Even where basic education is free, the costs associated with schooling – such as books, school uniforms or bus fares – may present an obstacle. However, when government spending grows, poorer households' access to education also improves<sup>57</sup>.

Similarly, cuts in health spending will also hit especially poor families, who mainly rely on governmental health services. Public health insurance does not exist in a number of developing countries<sup>58</sup>; many of them introduced user fees in the 1990s<sup>59</sup>, some without improving access and quality. In 30 developing countries, public health spending is below 20 US dollars per person and year<sup>60</sup>. Those families who can afford it rely on private care, but out-of-pocket expenditure on health care tends to fall during economic crises, and as families cut back, diseases can go undiagnosed or untreated. Families in poverty are often unable to afford costly medical support. Child mortality can be radically reduced only if state authorities devote sufficient resources to preventing and treating the respective diseases.

GOVERNMENT SPENDING ON SOCIAL PROTECTION 2008 – 2010 (Figure 09)



RESEARCH IN 28 LOW INCOME COUNTRIES SHOWS THAT GOVERNMENT SPENDING ON SOCIAL PROTECTION DECLINED FROM

# 1.9% to 1.6%

OF GDP. FOR SUB-SAHARAN AFRICA THIS IS 0.6%<sup>51</sup>.

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**In Sub-Saharan Africa, there are projections that the crisis may result in a cumulative loss of about 30 billion US dollars in public spending on education by 2013<sup>56</sup>.**

*In Botswana – cuts in education leave children unable to access education.*

50 | United Nations (2011: 55), 51 | Kyrili and Martin (2010), in: United Nations (2011: 8), 52 | The World Bank (2010b), in: United Nations (2011: 23), 53 | United Nations (2011: 78), 54 | UNESCO (2011a: 101), 55 | United Nations (2011a: 79-80)

56 | UNESCO (2010), in: United Nations (2011: 79), 57 | World Bank (2004: 116), 58 | Blas and Kurup (2011:67), 59 | UNESCAP (2008: 17-18), 60 | WHO fact sheets: <http://www.who.int/mediacentre/factsheets/fs319/en/index.html>

## Poor families must have more, not less, access to services

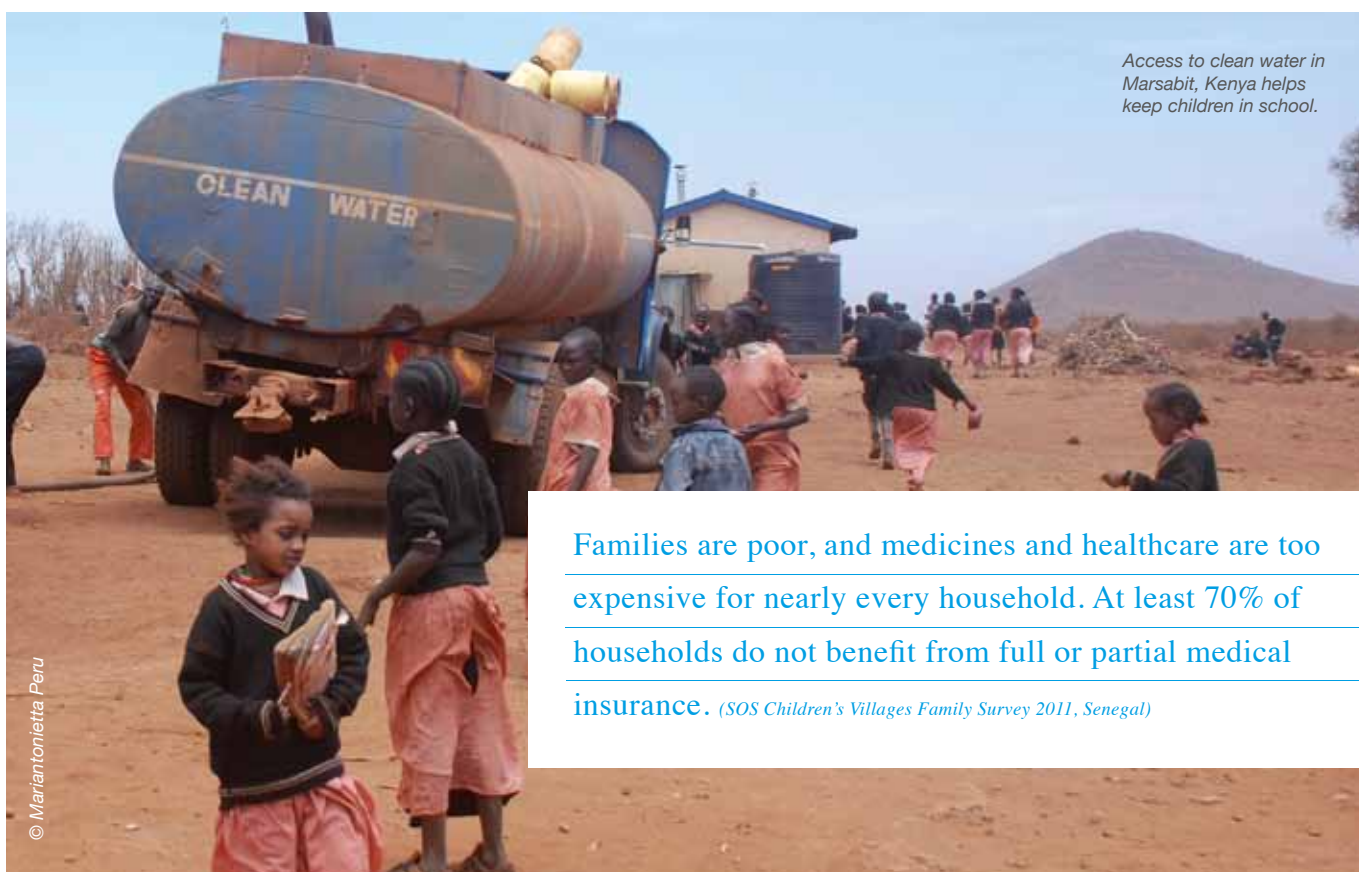
Developing countries increasingly recognise social protection mechanisms as vital for maintaining parental care-giving capacity, and many governments have implemented or expanded programmes with positive impact. However, whilst in developed countries social protection tends to be well established and easily scaled-up in moments of crisis, weak institutionalised protection networks in developing countries are more easily destabilised or overwhelmed. The combination of the global economic slowdown with Structural Adjustment Policies is putting intense pressure on governments' ability to provide adequate social safety nets<sup>61</sup>.

When states are struggling to assume their social protection responsibility, there is a greater likelihood of them handing over this responsibility to under-resourced NGOs or the private sector. Privatisation of public social and infra-structural services has, in many cases, made them unaffordable for poorer families by introducing user fees or higher tariffs<sup>62</sup>.

*"The majority of people in this country die of poverty which limits their access to health care. Public hospitals are not well equipped and lack infrastructure; people prefer private hospitals, which are not reachable by everybody." (Sylvie, 38, widow and mother of 4 from the Central African Republic)<sup>63</sup>*

In developing countries, the number of poor households receiving employment-based social insurance is usually very small. A 2008 Child Rights Situation Analysis of SOS Children's Villages Benin specifies: 'Only two per cent of the total population is covered by the National Office of Social Security, because it only serves workers who earn a salary and the members of their families. The extension of these services to other individuals encounters many problems because most of the active population works in the informal sector, which is characterised by low wages and precariousness<sup>64</sup>.

One reason behind access and inequality problems in social protection is the extensiveness of informal labour markets (see chapter 2). Another is that around half of children under five years old in the developing world are not officially registered at birth<sup>65</sup>, meaning they can be excluded from benefits. Reasons for children going unregistered include their parents being unaware of this service, fear of its costs or inability to access it in remote rural areas. Children born in the poorest fifth of families or of ethnic minority backgrounds are less likely to be registered<sup>66</sup>.



Access to clean water in Marsabit, Kenya helps keep children in school.

Families are poor, and medicines and healthcare are too expensive for nearly every household. At least 70% of households do not benefit from full or partial medical insurance. (SOS Children's Villages Family Survey 2011, Senegal)

61 | TRASK (2011: 2), 62 | UNITED NATIONS (2009: 108-110), 63 | SOS Children's Villages TPA ID 27203: Central African Republic, 2009, C.F.N. Biyack

64 | Children Rights Situation Analysis Benin (2008:11), 65 | UNICEF (2010a: 44), 66 | UNICEF (2010a: 44), 67 | United Nations (2011b: 5-6)



There is a lack of access to services in rural areas, and a lack of coordination and cooperation among services for families. Families receive services too late or they are lost in the system, and developmental delays of children are detected too late.

*(SOS Children's Villages Family Survey 2011, Hungary)*



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More broadly, the latest review of MDG progress has shown that people living in poverty, in rural areas, or from an ethnic minority background are most vulnerable and hardest to reach through programmes and service provision<sup>67</sup>. Problems of access, however, also concern countries in the developed world, with regional disparities in the availability of services<sup>68</sup>.

Necessary service provision for families goes far beyond the basics of infrastructure, social support, health and education; attention needs to be paid to poor families' access to other areas such as transport, communication, leisure time

or cultural and political participation. Often, they require specific support related to parental skill-building, psycho-social or legal counselling. Some families further require specialised services tackling particular needs, such as families with disabilities, migrants, ethnic minorities or others.

Service provision and social security packages are a key investment to help break the intergenerational poverty cycle. They are important 'safety nets' for poverty-stricken and vulnerable families, especially in moments of economic and social crisis when those systems are most under strain.

## 1.2 | OUR RESPONSE:

# SUPPORTING STATES AND COMMUNITIES IN SERVICE PROVISION

By signing the UN Convention on the Rights of the Child, governments have committed themselves to providing rights-based quality social protection and support systems and services. To do so, however, they need both knowledge and capacity. SOS Children's Villages seeks to support communities and states in building these safety nets for families and becoming 'child-competent' through:

- **Strengthening existing social service provision** and family support systems, contributing to their quality and sustainability.
- **Delivering direct services** where immediately necessary and not otherwise available, often in cooperation with specialised partners.
- **Advocating to influence policy**, legislation and service implementation, in partnership with other stakeholders and the community. Strengthening and developing families' relevant attitudes, knowledge and skills.

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Our advocacy activities also support the responsible agents in enforcing changes in the area of social protection, and we are constantly engaged to support them in provision of basic social services. *(SOS Children's Villages Family Survey 2011, Bosnia and Herzegovina)*

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SOS Children's Villages offers health and education support mainly through and with local providers. SOS crèches, kindergartens, primary and secondary schools or vocational training centres are offered where they are not available in the community, with a view to achieving community or state ownership in the long run. Where necessary, medical centres and clinics directly provide preventive and curative health services.

SOS Children's Villages programmes especially concentrate on the psycho-social and care dimensions of family support, seeking to create a stimulating environment for child development. This includes supporting alternative care systems such as family-based care in foster families or SOS families. The organisation develops alliances for the protection and promotion of child rights, and communities and governments are supported to improve child care legislation, de-institutionalisation and quality care provision.

The type of support and services families need is as diverse as their life-stories. Some might need basic short-term emergency aid in terms of food parcels, safe drinking

water or temporary shelter; others require access to long-term social support or child welfare schemes, legal advice, individual home-visits from social workers, specialised support services for coping with disability or integration in the community, or short-term assistance in times of crisis; some require financial resources for starting a business, affording medical consultation or school fees, or buying school uniforms or books.

Especially in some parts of the developing world, support can also be provided through engaging and strengthening community development committees, home-based care groups and community-run initiatives. These strategies are particularly important to support the sustainability of responses, in line with the belief that strong and caring communities are best placed to organise themselves and address their own problems. In other, especially urban, areas and industrialised regions, SOS Children's Villages works with partners who have been nominated to take responsibility for social protection and welfare, such as local municipalities, government departments and NGOs, institutions and international agencies.





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*Food distribution.  
SOS Emergency Relief  
Programme in Gode/  
Ethiopia.*

## Case Study

### South Africa: Supporting community-based foster care

“It is very encouraging to see such an enthusiastic group taking ownership of the challenges in their own community and working hard to protect and care for orphaned and vulnerable children.” *(Parent participating in the Sauk family strengthening programme)*

*This case study shows how the strengthening of foster families supports South Africans in dealing with HIV/AIDS related issues.*

**QwaQwa**, in eastern South Africa, is a densely populated and **impoverished area highly affected by HIV/AIDS**. Census and foster placement data show a high prevalence of vulnerable children who have lost, or are at risk of losing, the care of their families. In the village of Makeneng, the community showed a strong desire to respond but had limited resources. While basic health and educational services were available, there was only one under-resourced, government-run children's home.

In 2004, SOS Children's Villages supported an **innovative community-based form of foster care** in which volunteer foster mothers would give local children a new family, allowing them to stay in their community of origin. Local authorities provided land for four community family homes, and strong partnerships were forged: with traditional leaders, the local municipal council, the Department of Social Development, the local clinic and local schools. All supported the four foster families, each caring for six children, to become a full part of the community.

**SOS Children's Villages helped the foster mothers to organise themselves** into a community-based organisation (CBO) called Ipopen Young Women's Organisation, and assisted it through training, allowances for volunteers, material, and showing them ways to become more independent by accessing government funding. A day-to-day supervision of social workers helped to monitor the quality of care provided.

With **support of the QwaQwa Community Social Centre**, families make their own personalised family development plan, where they set their **own goals for family life** and child development and discuss how they can reach them. The trainers for family development planning supporting them were excited about the families' self-reliance efforts promoted by these tools.

The evaluation of the programme supported further promotion of community integration of foster families and addressed the fact that the support suffered from high staff turnover in the QwaQwa Community Social Centre. This is due to a huge demand for social workers in urban areas of South Africa, so recruiting and retaining quality staff in remote rural areas is difficult.





*A great strength of the QwaQwa Community Social Centre is that the community family **homes are incorporated in the general support measures** for other families in the community. Sharing resources and infrastructure is cost-effective, 'anchored' within the community, and the tailored responses enable the children to grow within their community of origin.*

## Partnering with governments requires a dual role

The recent economic crisis has increased the pressure on non-profit organizations by overstretching the capacities of governments.

Any non-profit organisation faces a number of challenges when supporting states in service provision for families and providing their own services. In general, there are limits to what services non-profits can offer, so it is important to constantly stress the state's responsibility for providing infrastructure and basic services to families. The poor quality of public service provision can undermine a programme's objectives and efforts.

*A programme evaluation in Peru found that the supported families continued to suffer from an absence of basic services and polluted water, so appeals were made to public authorities to improve infrastructure and service provision<sup>69</sup>.*

Non-profit programmes have to manage a dual role of being a partner to governments in service provision and capacity-building, while at the same time exerting independent advocacy pressure for improving public support. One way of exercising this advocacy role is the creation of advocacy networks amongst non-profits, community-based organisations and other local stakeholders, which then jointly establish regular interaction with their local and national governmental partners.

69 | Herrera Castañeda, Mabel (2007: 10)

70 | Interview with George Protopapas, director of SOS Children's Villages in Greece, <http://www.sos-childrensvillages.org/news-and-stories/news/pages/they-are-taking-the-air-we-breathe.aspx>



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”When the Greek government cut public expenditure severely, progressively deregulated the public welfare system and cut public workers’ salaries, the number of families supported by SOS Children's Villages programmes increased from 210 to 1,230 within a year [...] Meanwhile, Greece became the first country in the world to introduce taxes on donations to aid organisations, exacerbating the decline in contributions from the general population due to the economic crisis. This is putting additional pressure on non-profits’ work in the country<sup>70</sup>.“

*(National Director, SOS Children's Villages Greece 2011)*



*Moments of a happy childhood at the SOS Children's Village in Plagiari. For an increasing number of Greek caregivers providing this is a challenge.*

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## Case Study Central and Eastern Europe: Supporting de-institutionalisation of childcare and preventing family break-down

“This is a strongly-rooted culture that has been created gradually over the years. Generations were raised this way, and so it was passed on [...] They truly believe that it is better to live in an institution, and for many years this faith was encouraged.”

(SOS Children's Villages Bulgaria: Status of the Children)<sup>71</sup>

This case study shows how social networks and family care can be strengthened in Central and Eastern Europe.

*“I am very happy that some children have the opportunity to live in an SOS Family in Vilnius, as there are many orphanages from Soviet times in Lithuania: big houses with many children and teachers who have been working there for 30-40 years. These orphanages do not always fulfil the needs and recognise the rights of the children. I always say that when you go to an orphanage to check the conditions, it's enough to look into the children's eyes to know what you will come across – if you see unhappy faces and grey eyes, it means ‘look for a problem and you'll probably find one. (R. Šalaseviciute, Children's Rights Ombudsperson, Lithuania)”<sup>72</sup>*

As early as the 1960s and 1970s, the USA and Europe began to move from large-scale residential educational and care facilities for children towards small group homes and family-based forms of care such as foster families. After the fall of the communist regimes in Central and Eastern Europe and the former Soviet Union, the extent of poor living conditions and cases of violence in these countries' child care institutions became visible. Over the past 20 years, the region has also embarked on de-institutionalisation; this was among the criteria for admission to the European Union for Bulgaria and Romania.

Due to a lack of consistent research and data gathering, it is difficult to obtain a clear overview of the situation. In 2010, around **5698 children in Bulgaria<sup>73</sup>, 8400 in the Czech Republic<sup>74</sup> and 32951 in Poland<sup>75</sup>** still lived in residential institutions. Many more children live in poorly regulated foster and kinship care arrangements which often receive little support and remuneration. **In Bosnia Herzegovina, data indicates that the number of children placed in residential care has actually increased over the past few years.**<sup>76</sup>

A considerable number of children in care in the region still have living parents and are placed in care for reasons of poverty, ethnicity or labour migration. These reasons account for the majority of children in institutions in some countries, and have been exacerbated by the recent economic crisis. Almost all institutional child placement in Bulgaria is poverty-related. According to the State Agency for Child Protection, in 2010, **46.7 % of the children placed in specialized institutions were there due to parental unemployment**, and another **38.8%** came from large families or families with low care capacity<sup>77</sup>. Children with disabilities or of Roma origin are also over-proportionally represented in institutions in the former communist systems. Indeed, even babies under the age of three are found in various specialised institutions.

<sup>71</sup> | SOS Children's Villages Bulgaria (2008:15), <sup>72</sup> | SOS Children's Villages TPA ID 29196; Lithuania, 2009, M. Mägi.

<sup>73</sup> | Annual report of the Bulgaria State Agency for Child Protection (2010) ([www.sacp.government.bg](http://www.sacp.government.bg)), <sup>74</sup> | Ministry of Labour and Social Affairs (<http://www.mpsv.cz>), Institute for Information on Education (<http://www.uiv.cz>), Institute of Health Information and Statistics of the Czech Republic (<http://www.uzis.cz>)





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In 2010, almost 5,700 Bulgarian children lived in residential institutions.

The whole **social service system** needs to be **improved** to ensure that families at risk are identified and supported to prevent the need for alternative care. In particular, single-headed households, teenage mothers and families with disabled children lack support. Re-integration of children from the care system into their families of origin is often poorly prepared and managed, leading to these children suffering from social stigma, lack of life skills and psycho-social problems. Legally, in many countries, children in care lose support after the age of 18. Child protection remains a concern as only a few complaint and response mechanisms exist.

While social services are largely still financed and governed centrally, their implementation is increasingly devolved to **local authority institutions** which **lack knowledge, financial and human resources**. Both legislative frameworks and bureaucracies are often fragmented, meaning accountability and coordination remains weak. As, in many countries, institutions must carry out procedures under pressure and tight deadlines set by donor agencies and international partners, planning is often poor. This leads to excessively quick family re-integration, shortcomings in the selection, training and monitoring of foster families and a focus on statistics instead of child protection. More generally, **a change of mind-set** is still needed among officials and the wider population.

In response to this situation, SOS Children's Villages national associations in the region, in close partnership with local and national governments, work on capacity-building and **training of social workers** to support families in at-risk situations – this is achieved by providing day care services and enhancing parental care-giving skills and psycho-social care, as well as addressing stress factors such as poverty, illness, divorce, conflict or violence. In a region-wide 'leaving care' campaign, SOS Children's Villages supports young people leaving alternative child care in integrating into society and raises awareness of their situation and needs. SOS programmes also support **foster family networks** through training and monitoring.

On a policy level, SOS Children's Villages national associations participate in networks and working groups which are initiated by governments, and organise **awareness-raising activities** for the population and decision-makers. SOS Children's Villages is among the organisations which helped the development of the United Nations Guidelines on the alternative care of children, now a key resource in supporting governments in their de-institutionalisation efforts. 'Quality4Children' standards for alternative care were developed by SOS Children's Villages in cooperation with partners and based on the experience of children and care providers in the region.

## Listening to poor families leads to better use of resources

While states provide generalised assistance, non-profit organisations can develop targeted services depending on a community's situation and its families' needs. This requires not only partnerships with both private and public specialists to assure services are complementary, but also on-going consultation with community members to learn what families really need. They become partners in service provision, who are empowered and mobilised – instead of regarded as mere recipients of social aid.

Careful analysis is required to see if individuals can actually access the services provided, as access can be hampered by factors such as the bus fare to the hospital being higher than the hospital fee<sup>79</sup> or schools being several hours away on foot<sup>80</sup>. Moreover, families' access to services is often limited by a lack of information about the services provided and their legal rights. Programmes therefore need to disseminate information, using channels which reach the most excluded individuals in an accessible language, for example through community volunteers, schools, counselling centres, clinics and kindergartens.

*A programme evaluation in Latvia found that on average 30% of clients had joined following a recommendation by social workers at schools, kindergartens or doctors. The rate was much higher – over 90% – among high-risk families, which often require personal encouragement to admit the need for outside help<sup>81</sup>.*

Increasing families' autonomy and strengthening their citizenship capacity often includes legal education and counselling, to provide information and address fears and anxieties related to issues such as social entitlements, insurance and protection schemes, registration and documentation, property or inheritance. One effective way of bringing this information to families at risk is through home visits by social workers or community-based volunteers.

*"Since I lost my job, I've been registered for unemployment benefits. The rent is more than half my income. But I receive help with my son Christian's education. For a long time, I thought I wasn't entitled to anything – now I know my rights and I know my boy's rights. I have hope and my will is strong<sup>82</sup>." (Anna, 26, single mother and Family Strengthening Programme participant from Bulgaria)*

## Material and financial assistance should not create dependency

Where service provision includes food aid or material assistance, this might raise issues of fair distribution and family conflict. It thus requires well-defined criteria and must be accompanied and monitored by community representatives or social workers<sup>83</sup>. Food aid is organised best by the community itself. In general, family finances are a sensitive issue, which poverty-stricken people are ashamed to talk about and where interference is easily perceived as a threat to their independence<sup>84</sup>. There is also a danger of creating dependency if such assistance continues indefinitely or is not adequately incorporated with other measures encouraging autonomy. It is therefore important to clarify

the temporary nature of this support and embed material aid in measures to promote families' self-governance<sup>85</sup>.

Material aid often raises the question of who defines the needs of families, which is why their active participation would help increase sustainability of impact. For example, an SOS Children's Villages programme in Romania distributed vouchers which families could use for the purchase of agreed items instead of money. It proved a customised way of helping families to determine their own material needs – and to develop their decision-making and budget and household management abilities<sup>86</sup>.



**When an SOS programme in Zimbabwe supported HIV/AIDS-affected families to renovate their houses, the community made them aware that they had overlooked the housing situation of families living in rented accommodation, who often faced eviction; their needs were consequently addressed by establishing community social support mechanisms<sup>78</sup>.**

78 | Chikwira, A. K. & Banda, Tomaida (2007: 22-24), 79 | Chikwira, A. K. & Banda, Tomaida (2007: 20-22), 80 | Centre for Intercultural Communication (2011: 23-26), 81 | Association Educational Centre for Families and Schools (2011: 15) 82 | SOS Children's Villages TPA ID

30074: Bulgaria, 2010, K. Ilievska, 83 | International Institute for Research & Development (2008: 14-16); Community Agency for Social Enquiry (2007: 41-42); Cojocaru, Stefan et al. (2007: 27-30), 84 | Association Educational Centre for Families and Schools (2011: 32),

## Case Study

### Malawi: An integrative approach to service provision in Lilongwe

The reduction in water borne diseases did not just occur by accident. We are taking the lessons we learnt seriously and implementing them at home. That is the reason why the diseases have been reduced<sup>87</sup>. (Development committee member Malawi)



This case study highlights how existing state and community efforts can be bolstered by cooperation.

In Malawi, **53% of households live below the poverty line<sup>88</sup> and 47% of children under the age of five years are nutritionally stunted, 20% severely<sup>89</sup>**. The causes of the severe food crisis include irregular rainfall, inflated prices and high HIV prevalence. Many children **orphaned by AIDS** are raised by grandparents or other family members, which exerts social and economic pressure on the most vulnerable children and their families.

In 2002, SOS Children's Villages launched a programme to strengthen families in the Tsabango area in Malawi's capital, Lilongwe, covering 12 rural and urban villages with 806 households, **caring for 1718 mainly orphaned and vulnerable children**. The programme aims to complement existing state and community support efforts. In collaboration with the **Ministry of Agriculture**, 370 households were supported with **farm inputs** such as seeds, fertilizer and chickens. As one person in five is landless, the programme also **provided land** for community gardens, managed by the village development committees. As a complementary short-term measure, monthly supplementary **food packs** for children were distributed, reaching its peak in 2004 with around 1,600 children per month. The programme also includes support for **income diversification** into non-farming economic activities.

A mobile health clinic has been provided thanks to the intervention of SOS Children's Villages in partnership with local authorities and organisations such as Paradiso. This has helped overcome issues relating to the prohibitive cost of medicines and transport issues for those living in outlying areas. In addition, volunteers, who have been trained in home based care, also assist in raising awareness **of HIV/AIDS, nutrition and sanitation**.

Almost a quarter of households rely on boreholes as a source of safe drinking water. The communities have set up 12 water committees which developed fundraising programmes to enable them to maintain the boreholes themselves. Incidence of **waterborne diseases** in the three areas **has declined**. One additional element of the various support measures is the provision of writing materials, school uniforms and food packs distributed to 1,177 school children.

85 | Parajuli, Tirtha Raj et al. (2007: 14-17); Center of social work theory and methodology of the State institute of family and youth development (2007: 10,11), 86 | Cojocar, Stefan et al. (2007: 27-30), 87 | International Institute for Research & Development (2008: 39-44), 88 | CIA Factbook (figure from 2004), 89 | Malawi Demography and Health Survey 2010, p. 130. [www.nso.malawi.net/images/stories/data\\_on\\_line/demography/MDHS2010/MDHS2010%20report.pdf](http://www.nso.malawi.net/images/stories/data_on_line/demography/MDHS2010/MDHS2010%20report.pdf)



Any social and economic progress is impossible without the access to basic social services: education, health, sanitation, clean drinking water, and family planning. (SOS Childrens Villages Family Survey 2011, Mali)



A considerable number of Bulgarian children with living parents are placed in care for reasons of poverty, ethnicity or labour migration.

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## 1.3 | CALL TO ACTION – WHAT CAN BE DONE NOW SO THAT STATES MAKE 2013 BETTER FOR FAMILIES

- Families' social and economic security has to be guaranteed **through appropriate social insurance**, pension and social assistance schemes, which should become a priority for all states. Particular attention should be paid to also reaching those families which are missed by the system due to parental unemployment, lack of documents, or belonging to an ethnic minority.
- State signatories to the UN Convention on the Rights of the Child should fulfil their obligations to support parents and care providers and implement the UN Guidelines for the **Alternative Care of Children**.
- **In times of crisis**, even closer collaboration is required between governments, communities, the private sector and non-profit organisations to streamline joint efforts, utilise limited resources and support and empower poor families to break the intergenerational cycle of poverty.
- Communities should be supported in building **social safety nets** for families, in the creation of local networks and in finding tailor-made local solutions to support families and children in their communities of origin.
- Governments, as the main duty-bearers, must give priority to improving the provision of **well-functioning public infrastructure and services for the coverage of basic needs**, especially concerning quality drinking and cooking water and adequate sewage systems and latrines, all of which severely impact on child development and family health. Particular attention must be paid to the situation in **poor and overcrowded urban areas** as well as remote rural areas.
- Public spending on **education** and **health care** must be increased to secure sufficient investment in the development of accessible and free quality health and education services for children and their families – also servicing those most at risk and those with special support needs.
- Programmes **promoting breastfeeding** during the first six months – as well as the provision of complementary feeding and micronutrient or vitamin supplementation – are required to combat malnutrition and child mortality. Food and material aid measures need to be developed in consultation with local communities and families.
- Service provision needs to be developed in consultation with the families concerned, to empower and mobilise them **as partners instead of aid recipients**, ensuring that information also reaches the most excluded through appropriate and accessible channels, and that barriers to access are addressed and removed. Service provision has to be implemented with a view to strengthening citizenship and increasing families' autonomy.



**Service provision needs to be developed in consultation with the families concerned, to empower and mobilise them as partners instead of aid recipients.**

*A Gambian SOS mother provides a much needed social safety net.*

## 02 | THE COST OF UNEMPLOYMENT AND MIGRATION IS MET BY CHILDREN

*A child's right – when adults make decisions, they should think about how their decisions will affect children. This particularly applies to budget, policy and lawmakers.*





## 2.1 | THE CHALLENGE: CHOOSING BETWEEN MIGRATION AND UNEMPLOYMENT

Through the **economic crisis**, the number of unemployed and working poor has increased, and many parents are turning to labour migration to provide financial benefits for their families. However, labour migration also comes with emotional costs, as separating family members can have a devastating impact on family life and child development. It is often hard for families to migrate together, especially in cases of undocumented migration. Creating more jobs in the migrants' places of origin constitutes an important measure to protect family life.

Widespread unemployment has catastrophic consequences for the dignity and self-esteem of both men and women and for family solidarity. An increasing number of women are working outside the home. Most married women are unemployed or in the informal sector. (SOS Children's Villages Survey 2011, Uganda)

Employment is vital to secure a family's survival. The number of unemployed globally rose by 27 million, from 180 million to 205 million, between 2007 and 2009<sup>90</sup>. The crisis hit all parts of the world: Around half of this increase took place in developed economies, which account for only 15% of the world's labour force. East Asia recorded 6 million unemployed, Central and South-Eastern Europe 18.5 million<sup>91</sup>. The number of long-term unemployed increased in all countries<sup>92</sup>.

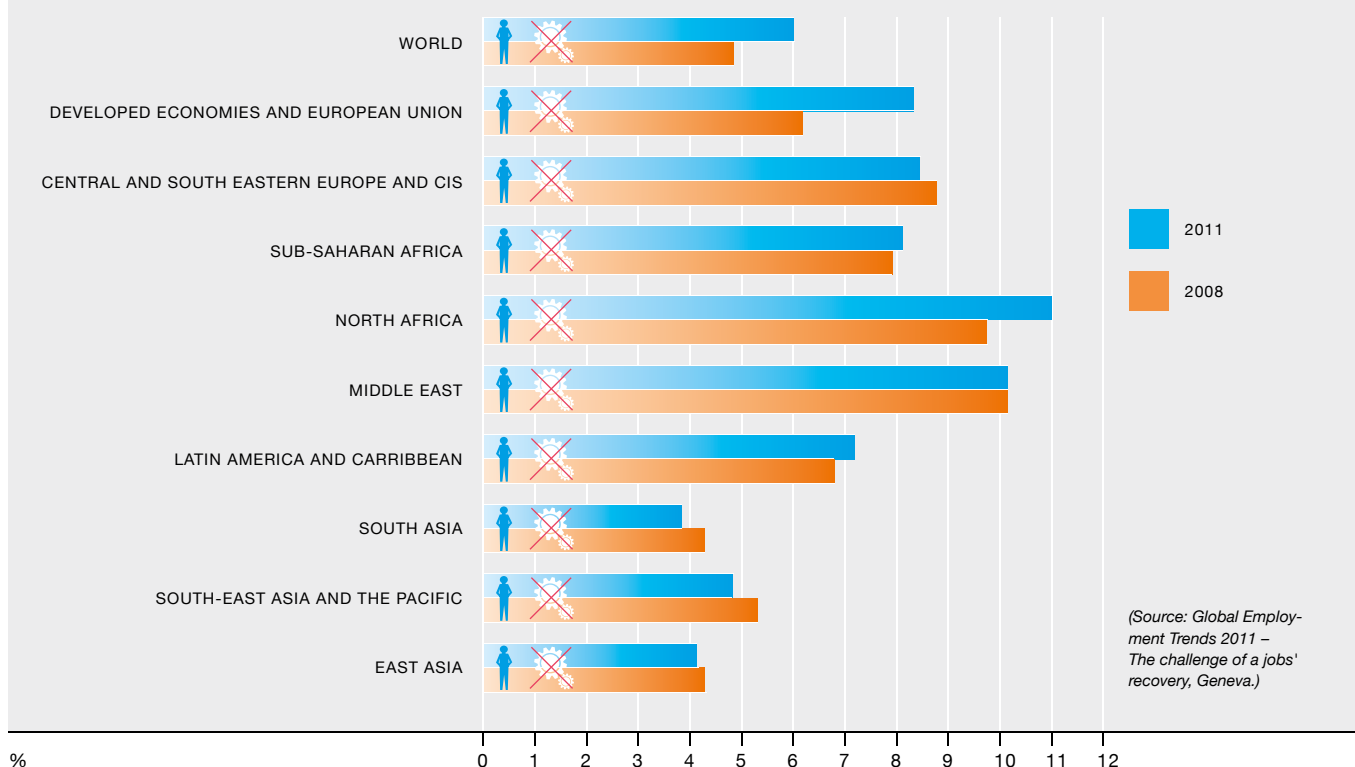
Even those who are employed do not necessarily earn a reasonable income. According to the International Labour Organization, one in five workers

and their families worldwide were living in extreme poverty as so-called 'working poor' during 2009: the economic crisis increased this number by 40 million<sup>93</sup>. These workers are more likely to be found in agricultural and informal employment. In 2009, half of the world's workers, nearly 1.53 billion people, were engaged in a form of vulnerable employment<sup>94</sup>. The UN states that, unless employment and social protection goals are put at the centre of economic and social policies, 'working poverty is likely to increase in most developing countries'<sup>95</sup> with 'adverse impacts ... for example, on levels of malnutrition, school dropout rates and long-term unemployment'<sup>96</sup>.

90 | International Labour Organization (2011), in: United Nations (2011a:27), 91 | United Nations (2011a: 28-29), 92 | United Nations (2011a: 30)

93 | United Nations (2011b: 10), 94 | United Nations (2011a: 32), 95 | United Nations (2011a: 46), 96 | United Nations (2011a: 9)

REGIONAL UNEMPLOYMENT 2008 AND 2011 IN % (Figure 10)



Globalised markets, which promised to increase flexibility and bring new opportunities, have instead increased labour market inequalities and worsened working conditions in many countries. More and more employment is informal, temporary and precarious<sup>97</sup>, with a lack of adequate social protection, no benefits or job security, low wages, and difficult or even hazardous working conditions. Parents often do not have any other choice but to accept these difficult working conditions.

The informal labour sector is wide-spread in parts of Africa and Asia, but it is also found in many Latin American

and other middle-income countries (e.g. about half of the working population in Brazil, about 90% in India)<sup>98</sup>. In developing countries, the informal economy employs up to 60% of the workforce and produces close to 40% of GDP<sup>99</sup>.

Women face particular challenges in the labour market. Female labour force participation varies between 26% in the Middle East and 61% in Sub-Saharan Africa<sup>100</sup>. Women's unemployment rates exceed those of men, and self-employed women generate a lower income than men<sup>101</sup>.

Illustration 02:

### UNEMPLOYED AROUND THE WORLD

BETWEEN 2007 AND 2009 THE NUMBER OF UNEMPLOYED PEOPLE ROSE BY 27 MILLION.

2007: 180,000,000<sup>90</sup>

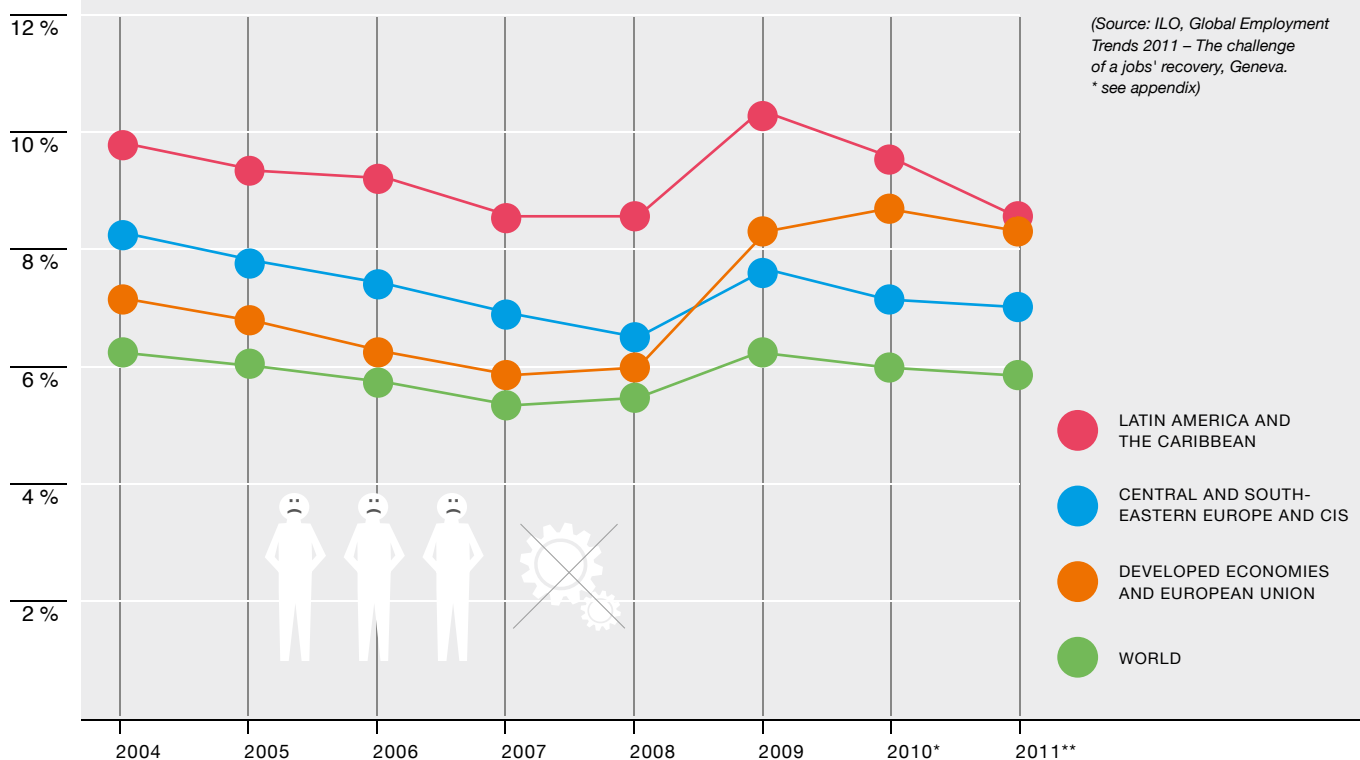
2009: 205,000,000

97 | UNRISD (2010:10), 98 | UNRISD (2010: 40-44),  
99 | United Nations (2011a: 31)

100 | World Bank (2011: 199 ), 101 | World Bank (2011: 201)



REGIONAL UNEMPLOYMENT TRENDS 2004 - 2011 IN % (Figure 11)



## Who migrates? Rural-urban and south-south migration

Though often overlooked in international policy debates, labour migration within and between low-income countries is significantly more widespread than migration from lower-income countries to higher-income countries: Approximately 740 million people are internal migrants, almost four times as many as those who have moved internationally<sup>102</sup>. 130 million internal migrant workers are found in China alone<sup>103</sup>.

A major cause of internal migration is the rapid urbanisation occurring in all corners of the developing world. Workers are drawn in from the countryside, seasonally or

permanently, as earnings from informal urban employment are, on average, still higher than those from agriculture<sup>104</sup>.

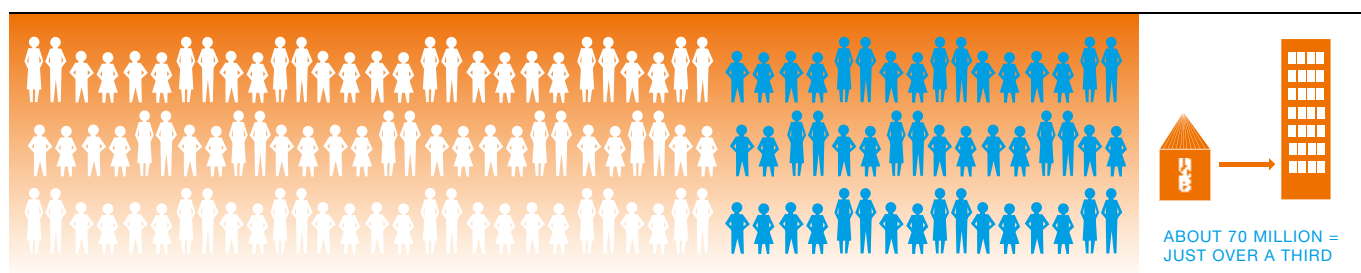
Among people who have moved across national borders, just over a third moved from a developing to a developed country – fewer than 70 million people. Most of the world's 200 million international migrants moved from one developing country to another or between developed countries<sup>105</sup>. Approximately half of all international migrants are women<sup>106</sup>, a proportion largely unchanged over the last half century.

In the search for opportunities, parents often migrate from rural areas to cities or to other countries while grandparents or others take care of their children. (SOS Children's Villages Family Survey 2011, Peru)

<sup>102</sup> | UNDP (2009: 1-2), <sup>103</sup> | United Nations (2011a: 29), <sup>104</sup> | UNRISD (2010: 34)

<sup>105</sup> | UNDP (2009: 1-2), <sup>106</sup> | UNDP (2009: 25-26)

## NUMBER OF PEOPLE MOVING FROM A DEVELOPING TO A DEVELOPED COUNTRY <sup>105</sup> (Figure 12)



## ALMOST HALF OF THE WORLD'S 200 MILLION MIGRANTS ARE WOMEN <sup>105/106</sup> (Figure 13)

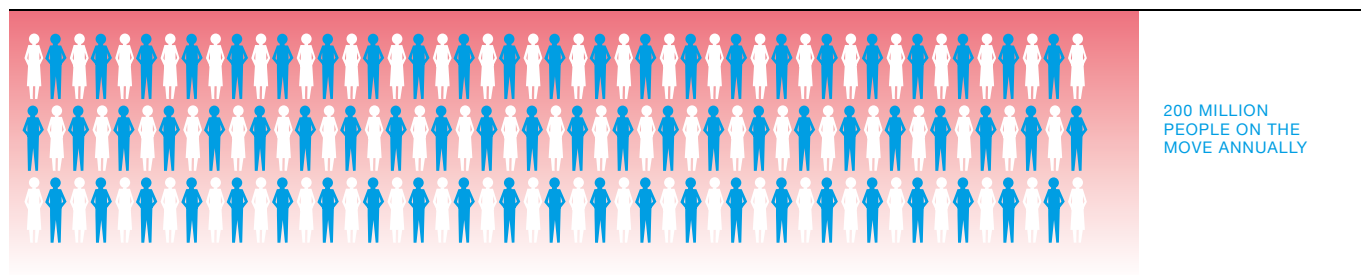


Figure 12: Among people who have moved across national borders, just over a third moved from a developing to a developed country – fewer than 70 million people.

## Unemployment spurs labour migration – splitting families and affecting child development.

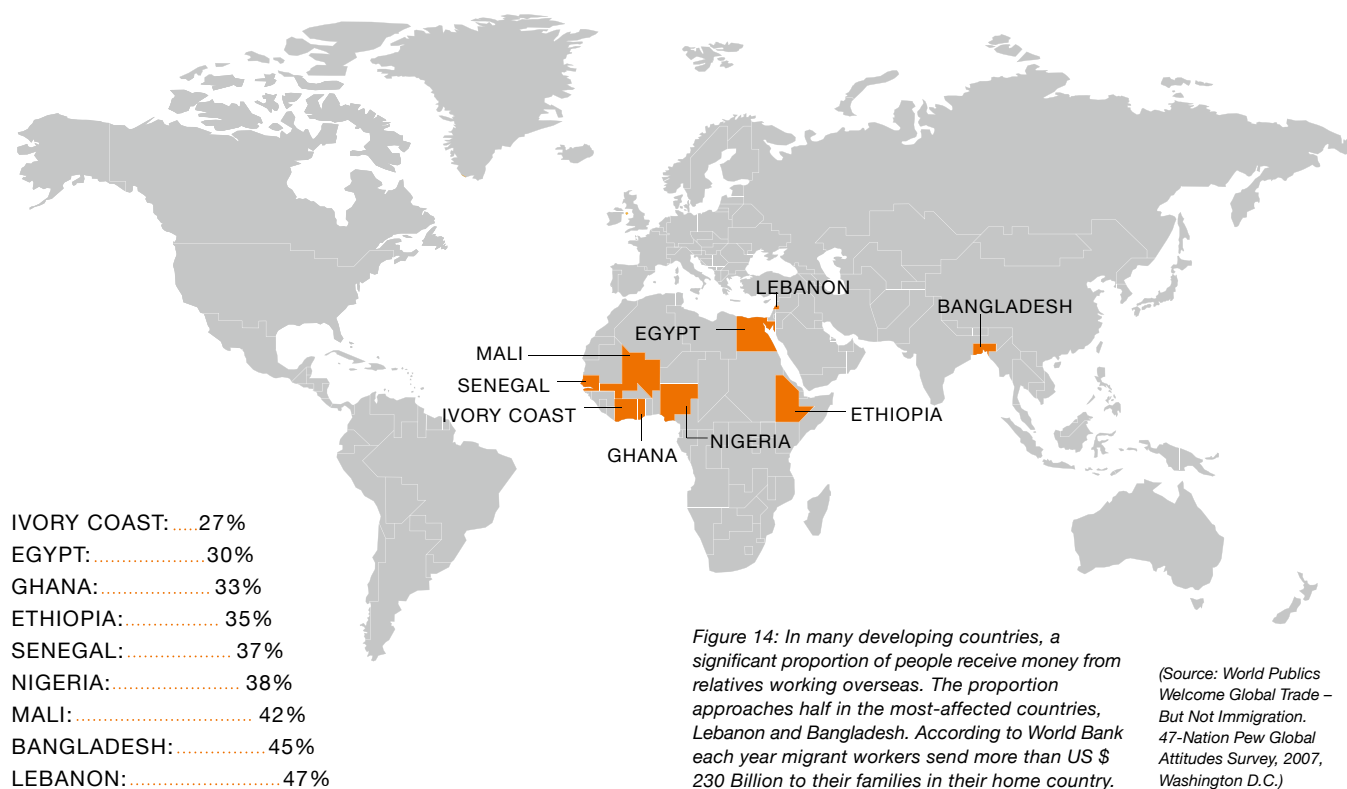
*Able-bodied workers leave their villages, leaving behind their wives and children to face all kinds of problems, notably illness, poor hygiene and poverty in general. (SOS Children's Villages Family Survey 2011, Niger)*

It is against this devastating background that the trend towards labour migration has to be viewed. A lack of decent working opportunities close to home and the desire for a better future for their families often force parents to migrate. However, in high-income countries, migrants are mainly found performing work which is low-paid, temporary, precarious and sometimes exploitative, beyond the reach

of labour regulations – ironically, reminiscent of the forms of living they wanted to escape <sup>107</sup>.

Successful labour migration is often viewed as a solution to improving families' economic well-being, as the income of labour migrants substantially contributes to household welfare, nutrition, food, health and living conditions in their places of origin <sup>108</sup>. However, these financial benefits for families must be weighed against the huge emotional and psychological toll – as a UNDP report notes: 'separation is typically a painful decision incurring high emotional costs for both the mover and those left behind' <sup>109</sup>.

### PERCENTAGE OF PEOPLE IN RECEIPT OF REMITTANCE FROM RELATIVES LIVING ABROAD (Figure 14)



## Labour migration's detrimental impacts on family life

*A central problem is that mothers are going abroad for foreign employment, creating a gap in child-parent relations. (SOS Children's Villages Family Survey 2011, Sri Lanka)*

*Parents have no job or income and migrate abroad, children stay with one caregiver, alone or with grandparents or in care institutions. Trauma and behavioural disorders arise, families break up because of labour migration. (SOS Children's Villages Family Survey 2011, Lithuania)*

Even with one or both of their parents absent, families often decide that it makes more sense for children to remain in their places of origin with other family members. A number of research findings show how this can fundamentally disturb family life:

→ Research in Europe found that, despite accruing material benefits when their parents' migration goes well, children separated from their parents through migration experience double the rate of emotional distress<sup>110</sup>.

→ A Save the Children study shows that almost half of Sri Lankan mothers working in the Middle East have left children under the age of six at home in Sri Lanka, in the most critical development period of their lives. Often, young girls are pulled out of school to become heads of household and care for the family<sup>111</sup>.

→ Children are sometimes forced to live for extended periods of time without at least one of their parents: A UNICEF study from 2007 found that as many as 126,000 Romanian children were estimated to have been left behind by both parents, 16% of them for at least one year and 3% for more than four years.

→ Children of migrating parents are at great risk of having their rights violated: in Vietnam, where an estimated 500,000 parents work abroad and 3-4 million migrate internally, the SOS Child Rights Situation Analysis links migration to a higher risk of children being abandoned to live as street children or trafficked to work in sweat shops or in the sex trade<sup>112</sup>.

<sup>110</sup> | Swärd and Bruun (2007: 12), <sup>111</sup> | Save the Children, in: MDF South Asia (2008: 13)

<sup>112</sup> | Do Huy, Nguyen et al. (2009: 1)



Women are increasingly migrating to be their family's main income earner, rather than as an accompanying spouse<sup>113</sup>. The care responsibility is often passed on to remaining female relatives or low-income domestic care workers<sup>114</sup>. Ironically, many female migrants leave their own children behind to look after other women's children – 'an international network system of care-giving stratified by class and, often, ethnicity'<sup>115</sup>.

More in-depth study is required on the effects of this form of 'transnational mothering'<sup>116</sup> on a whole generation of children living apart from their mothers and only seeing them irregularly. The loss of family life also has an impact on the migrating family members. Migrants report feeling less social support than the locally-born population as their social networks, such as the extended family, are fragile<sup>117</sup>.

## Why few people migrate with their families

One potential way to lessen the negative impact of migration on families is to make it easier for migrants' families to follow them. Article 10 of the UN Convention on the Rights of the Child states that a child whose parents reside in different states has the right to maintain regular, direct contact with both parents, and that their applications to enter or leave a country for the purpose of family reunification shall be processed in a positive, humane and quick manner. Migrants who wish for their families to join them, however, face formidable legal difficulties. The UNDP found that about two-thirds of developed countries allow family members of temporary workers to join them and work, in comparison to about half of developing countries<sup>119</sup>.

In most countries, temporary migrants are not allowed to access state assistance schemes which are available to families of national citizens and permanent migrants<sup>120</sup>. Where the migrant's country of origin offers social protection schemes, these are often not transferable across borders<sup>121</sup>. Partly for this reason, migrant families in high-income countries are likely to be poorer than locally-born families<sup>122</sup>.

Even migrants who have been granted national citizenship in their new country often still find that difficulties surrounding social inclusion affect the prospects of their families, notably in terms of unemployment, insecurity of income, denial of rights at work, discrimination and lack of social mobility<sup>123</sup>.



**"We agreed that my wife should leave to earn money abroad to improve the living conditions for our six children. In 2005 she kissed her children goodbye, promising to come back soon. She still hasn't. The children used to look forward to her calls to at least be able to hear her voice. Last year she started calling less and less, she sounded confused and distant. She'd hang up after a few minutes, claiming she had to go back to work. Then in December 2006 she stopped calling<sup>118</sup>."**

*(Romulus, father of six and Family Strengthening Programme participant from Romania)*

113 | WIDE (2010: 14), 114 | WIDE (2010: 40-41), 115 | WIDE (2010:40-41), 116 | TRASK (2011: 6), 117 | Development Research Centre on Migration (2009: 24), 118 | SOS Children's Villages TPA ID 24505:Romania, 2007, K. Ilievska,

119 | UNDP (2009: 36-37), 120 | UNDP (2009: 53), 121 | Development Research Centre on Migration (2009: 3), 122 | UNDP (2009: 53), 123 | Stalker (2000); International Organization for Migration (2008); Taranet al (2009); in: UN (2009: 78)

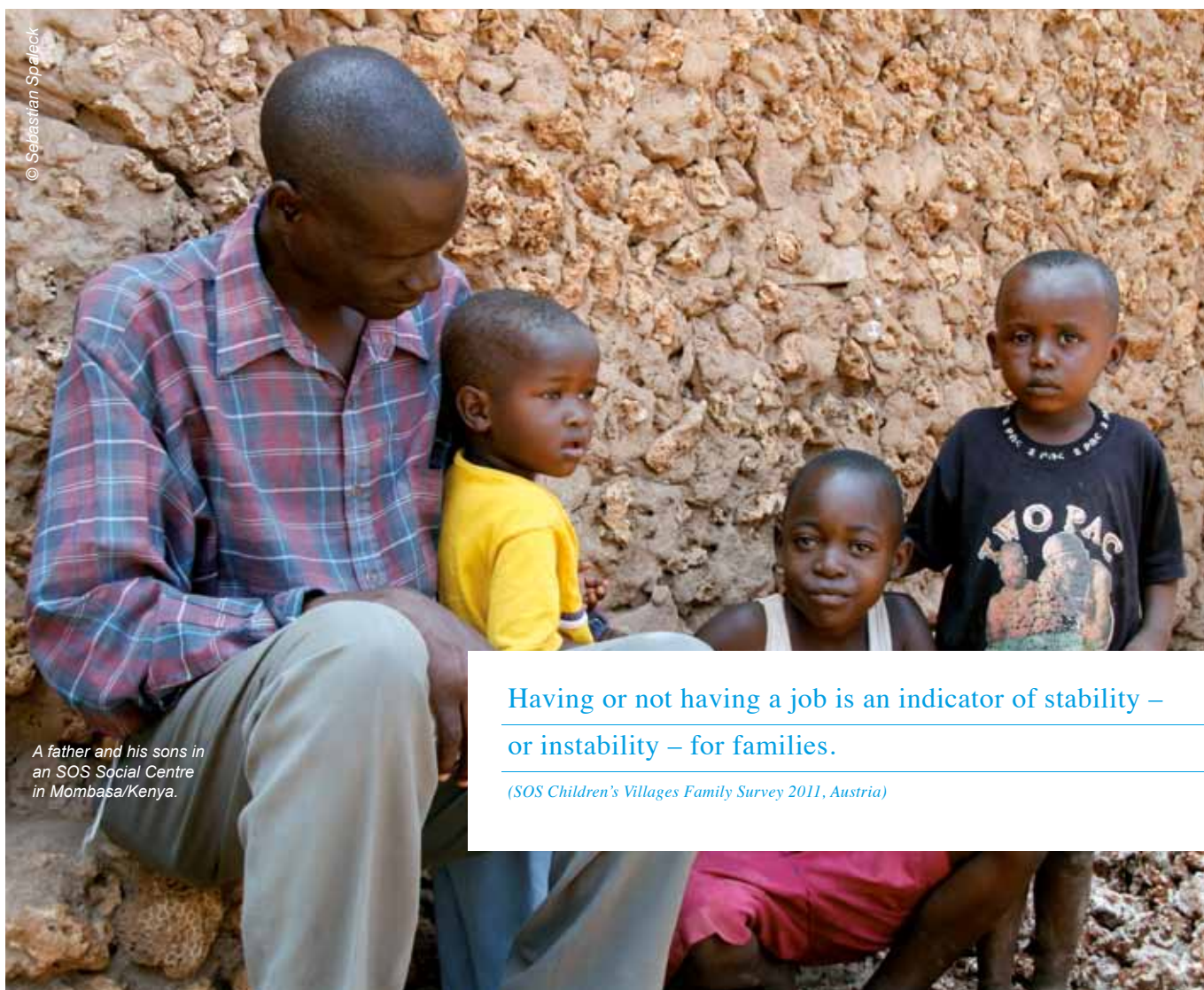
## Undocumented migration breaks family ties

*“My son and his wife decided to immigrate to the USA. They said they would leave their children, but would send money back home for them. The illegal journey is dangerous and expensive: the two of them took out a loan of 70,000 Quetzal (9,000 USD) to pay the smuggler. But the economic crisis thwarted their plan and the job search turned out to be really difficult. After a year, my daughter-in-law gave birth to another child, so she is not even able to work anymore; she has to care for the baby. And my son only ever found small jobs that don't bring in enough money<sup>126</sup>.” (Isabel, Family Strengthening Programme participant from Guatemala)*

Migrants who cross borders in search of employment without having the required documents are especially likely to find it difficult to maintain family ties. As they themselves lack the legal rights to be in the country, they are legally unable to have their families join them – and as they would need to re-enter the country illegally to resume employment, they find

it difficult to leave in order to visit their families. An estimated 50 million people are currently in this situation<sup>124</sup>, which is often exacerbated by the punitive fees charged by black-market middlemen to facilitate undocumented migration<sup>125</sup>.

When undocumented migrants start a family in the country to which they have migrated, they face the problem of accessing services. Children of undocumented migrants are not admitted to school in a third of developed countries and over half of developing countries. Even if they have the legal right to send their children to school, undocumented migrants are often deterred by fears that their status will be reported to authorities<sup>127</sup>. Most research in Europe found that the educational achievements of ‘second generation’ children of immigrant parents is below that of native children with a comparable family background, and that they are more often unemployed<sup>128</sup>.



*A father and his sons in an SOS Social Centre in Mombasa/Kenya.*

Having or not having a job is an indicator of stability – or instability – for families.

*(SOS Children's Villages Family Survey 2011, Austria)*

<sup>124</sup> | UNDP (2009: 2), <sup>125</sup> | Development Research Centre on Migration (2009: 18),  
<sup>126</sup> | SOS Children's Villages TPA ID 31112:Guatemala, 2010, S. Preisch

<sup>127</sup> | UNDP (2009: 58), <sup>128</sup> | United Nations (2009: 78-79)





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*Tailor made in Liberia –  
SOS Vocational  
Training improves  
income prospects.*



## 2.2 | OUR RESPONSE:

### IMPROVING FAMILIES' INCOME PROSPECTS

No family should be forced to choose between unemployment and separation. One way to spare families from having to face this decision is to support job creation and job availability in their own countries. The increasing need of many families for basic economic and job-related support has lead SOS Children's Villages programmes to form partnerships with various specialists in the field to address this issue.

SOS Children's Villages wants to prevent family-break up through job-related migration, and it builds the capacity of families and communities to have a decent standard of living through economic self-reliance. Measures are intended to help family heads to learn 'how to fish' <sup>129</sup>, so they are able to take care of themselves and their families in the future.

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Strategies should be created to let families integrate into the labour market according to their abilities and with a salary that allows them to meet their basic needs. We motivate them through trainings for job placements, and we offer support and follow-ups to the unemployed so that they can seize all opportunities.

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*(SOS Children's Villages Family Survey 2011, Dominican Republic)*

The intervention strategies the SOS programmes deploy to this end include:

- Training in vocational, practical and social skills in **workshops** and **training centres**.
- Promoting and supporting **income generating activities** (IGAs) and the setting up of **small family businesses**, including the provision of **small interest-free loans, micro-credit**, technical and business training and follow-ups.
- Legal and **practical counselling**, accompaniment and skills training aimed at finding and maintaining local employment.

*"When I first met him, Romulus was still pondering the idea of leaving the children and going abroad. He was saying it was not only to look for his wife, but also to find work. We are working very hard with the mayor's office and the local employment agency to find him a steady job which would offer security in terms of income and better working conditions than he has now."*  
*(Petronela, Family Strengthening Programme coordinator from Romania)*<sup>130</sup>

<sup>124</sup> | UNDP (2009: 2), <sup>125</sup> | Development Research Centre on Migration (2009: 18),  
<sup>126</sup> | SOS Children's Villages TPA ID 31112: Guatemala, 2010, S. Preisch

<sup>127</sup> | UNDP (2009: 58), <sup>128</sup> | United Nations (2009: 78-79), <sup>129</sup> | International Institute for Research & Development (2008: 56-61), <sup>130</sup> | SOS Children's Villages TPA ID 24505: Romania, 2007, K. Ilievska

## From unemployment to a decent and life-fulfilling job

Many unemployed caregivers are not aware of their rights.

*In Belarus, half of low-income single mothers did not know that they needed to register with the employment centre to receive child welfare payments ... At the same time, the evaluation found that many mothers were difficult to motivate towards self-reliance because the country's legislation would immediately 'punish' them for gaining income by decreasing the state financial aid. Unemployed caregivers thus need to be appropriately supported depending on their situation<sup>131</sup>.*

Employment training and support is best built on existing markets, capacities, skills and the interests of parents and caregivers. An itinerant might be helped in getting additional training and finding a fixed position; a market vendor could upgrade his business skills and receive help in running a formal shop; or a former domestic servant could get qualified as a community carer.

The professional side of training should be accompanied by social skill-building to enhance employability, cope with challenges of the labour market and inspire entrepreneurship. Such skills include critical thinking, active problem-solving, autonomy, realistic self-assessment and self-esteem. This is especially important for people who have been out of formal employment for a long time or constantly struggle with issues of basic survival.

Once people have received training, SOS programmes use partnerships to follow up and support their transition to the labour market. Social workers and trained community volunteers can offer assistance in writing applications, preparing documents and preparing for interviews, as well as mediating relations with potential employers.

*After six months of participating in programmes in Latin America, women had an employment rate of 60%, which progressively increased to nearly 90% after five years. It seems that women who adhere to the program for a longer time succeed in getting work<sup>132</sup>.*

Earning an income is not just a matter of improving the economic situation of families. Research has shown that a job and income empowers parents and raises their self-confidence<sup>133</sup>. They feel they contribute to society, become members of social networks, and gain self-esteem about their skills and achievements.

*Such increased independence and empowerment might also bring new challenges for a family. The evaluation of programmes in six Latin American countries revealed a higher frequency of domestic conflicts among families with longer programme participation, as the empowerment of women was resisted by their partner or family. Educating and empowering women to find a job must include addressing such potential points of conflict<sup>134</sup>.*



A job and income empowers parents and raises their self-confidence. They feel they contribute to society and become members of social networks.

<sup>131</sup> | Yanchuk, Vladimir A. et al. (2007: 27, 16-17), <sup>132</sup> | SOS Children's Villages International Continental Office Latin America (2007: 19)

<sup>133</sup> | Metaj, Elida & Hoxhallari, Rozeta (2009: 17), <sup>134</sup> | SOS Children's Villages International Continental Office Latin America (2007: 20)

## Case Study

### Columbia: Empowering women to prevent labour migration

“After having felt that life was too challenging, the people participating in the workshops feel that they are valuable. They are encouraged to go on. I started to see that I can work not only for me but for other women in a similar situation.”

*(A participant in the Cazucá Social Centre)*

*This case study shows how a combination of support measures strengthened impoverished Colombian families.*

SOS Children's Villages runs three social programmes in **Colombia** in vulnerable areas of Soacha ('Cazucá'), Santa Fe and La Candelaria ('Nueva Vida'). These areas are all characterized by **insufficient availability of basic health and education services** and **problems of malnutrition** and a **lack of sanitation infrastructure** or services such as garbage collection. School drop-out and unemployment rates are very high, and most people subsist on informal jobs. Around **70% of the population lives below the medium income line**<sup>135</sup>. The densely populated and socially diverse environment triggers frequent **violence**, including sexual violence. The surroundings of Soacha also have a high concentration of people who have been internally displaced by violence between the government and paramilitary groups.

The family strengthening and community development efforts of these **programmes** are **based on four main components**: The **protection** and **integral development** of children, the development and **empowerment of women, the family and the community**.

Self-organised day care – provided in community houses by trained and remunerated community mothers, supported by the Social Centres – gives children quality care and a safe space while **parents attend training or work**. This enables mothers to concentrate on getting education and a job. For example, about 70% of the families gained access to the Social Security System and 90% of the parents consider that the nutritional state of their children has improved<sup>136</sup>.

Literacy and job seeking workshops develop the professional skills of mothers and **micro-credit** enables them to start small businesses. Some mothers started or continued **academic education**, others developed a trade. After two years the rate of **women in paid employment** in Nueva Vida had increased by 15% to 82%<sup>137</sup>. Women are engaged predominately as vendors in shops, micro-entrepreneurs and community carers.

Through personal development workshops and training sessions, physical violence against women has been reduced and families deal with their conflicts in a more constructive manner. **The use of dialogue to resolve family conflicts has increased from 25% to 65% after two years**<sup>138</sup>.

<sup>135</sup> | Socio-economical layers 2 and 3 out of 6, according to the National Statistics Department, in: SOS Children's Villages Colombia (2007: 14),

<sup>136</sup> | SOS Children's Villages Colombia (2007: 5-6), <sup>137</sup> | SOS Children's Villages Colombia (2007: 58), <sup>138</sup> | SOS Children's Villages Colombia (2007: 57)





SOS Social Centre in Bogotá/Colombia.

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*The programme increased representation of women in school boards, in community associations and in the church<sup>139</sup>, improving their leadership skills by **engaging them in local development projects**.*

*By increasing **women's opportunities in local labour markets**, their incentive to take part in labour migration is reduced. The results relating to employability, empowerment, community participation and employment opportunities contribute to the wellbeing and stability of vulnerable families.*

## Income generation activities require comprehensive support

Programmes which aim at creating self-employment through small businesses and IGAs require the people to be trained by specialists in business and technical skills. Families also need tools and infrastructure for their businesses, e.g. for the cultivation of crops or production of crafts. Programme evaluations reveal that entrepreneurship is not for everyone: some people lack commitment or see loans as a kind of assistance and do not take their business and financial responsibilities seriously enough<sup>140</sup>.

Comprehensive follow-up support is needed to guarantee long-term accomplishment, for example by ensuring markets are being accessed, money is not being wasted on alcohol consumption, or the stigma for having an HIV-positive family member is not negatively impacting on business success<sup>141</sup>.

<sup>139</sup> | SOS Children's Villages Colombia (2007: 60)

<sup>140</sup> | Chisonga, Nixon et al. (2007: 42-43), <sup>141</sup> | Community Agency for Social Enquiry (2007: 44-45)

## Case Study

### Sri Lanka: Strengthening skills and labour market integration of families

“Now I feel stronger and I devote my time to the welfare of my family. When my children attend extra classes at the SOS centre in the afternoon, I am fully assured that they are 100% safe. I am selling dresses and the profits are deposited as savings for my daughter. I am now reconstructing our house to make it habitable<sup>142</sup>.” (Single mother and SOS Children's Villages Programme participant from Sri Lanka)

*This case study shows how targeted financial support prevented the emigration of Sri Lankan caregivers and helped them become self-reliant.*

Since the end of **Sri Lanka's** three decade-long civil war, the government has committed its support to reconstruction, poverty reduction and the development of small enterprises. Nevertheless, **one in seven Sri Lankans live below the poverty line** and it is estimated that one in five of all jobs held by Sri Lankans are abroad<sup>143</sup>.

Since 2003, programmes in Pilyandala and Monaragala have supported around 267 families at risk of being separated or unable to provide for their children. **More than two thirds** of the supported families **do not have enough money to meet their daily needs**; many are day labourers working in precarious conditions<sup>144</sup>.

The programme offers **temporary economic support** to reduce the need for caregivers to leave their children in search of work in the cities and abroad. **Free nutrition, health and education services** are provided including lunches, stationery, **bags and shoes for school children, extra classes for university entrance examinations**, and free medical check-ups and medical aid in special cases. This subsidized economic support is offered for a defined period of time until the **families become financially self-reliant**, typically between three and seven years.

Primarily, **economic support is given in the form of micro-credit**. After an assessment of the caregivers' situation, a basic loan of up to Sri Lankan Rupees 20,000 (~€ 140) is given at an interest rate of 2% per month. A loan plan is set up which states how the money will be invested and how the loan will be repaid. The loans are used by caregivers to start or expand businesses and improve their living conditions. To date the CBO has loaned a total of Sri Lankan Rupees 605,000 (~€ 4,000) to 81 members, 46 of which have already paid back the full amount. The CBO uses the interest earned to finance other activities that strengthen the community, such as **running a grocery shop** where supported families **sell their products** and can also purchase items. The CBO in Gandara has become a strong organisation with a **stable financial position**, which indicates that the **caregivers are progressively taking ownership of the programme**.



Families have been strengthened in Monaragala, Sri Lanka.

*The **impact of economic assistance** on the supported families is visible through their **increased self-reliance**, as they have proportionally higher savings, higher disposable income and depend less on commercial banks for loans. **Labour migration** for economic reasons **has gone down**. 97% of children have balanced nutrition and are supported by informal education, 80% access health services, and **basic school enrolment has improved to 99%** <sup>145</sup>. The programmes also created positive attitudes towards **childcare among caregivers**, reduced their levels of stress and **improved their mental stability** and confidence, thus strongly improving family relations.*

145 | MDF SOUTH ASIA (2008: 21)



## 2.3 | CALL TO ACTION – WHAT CAN BE DONE NOW TO PREVENT CHILDREN PAYING THE ULTIMATE PRICE FOR MIGRATION IN 2013

No family should be forced to choose between unemployment and separation, between finding work and living with their children. Experience has shown that the joint efforts of all stakeholders can contribute to generating domestic labour opportunities and help prevent labour migration.

- Governments should prioritise achieving greater availability of reasonably paid and **socially secure jobs** in the families' places of origin, reducing the incentive for parents to leave their children and place of origin in search of work. They should also provide **appropriate social security** schemes.
- Private sector companies have to live up to their responsibility by creating **fair labour conditions** and **partnering with governments**, institutions and non-profit organisations with an aim to provide equitable employment and work, so that all can contribute to the vision of a socially just and peaceful society.
- Governments should inform the **unemployed** about their **rights** and help them access existing support measures and training opportunities. They should create sufficient and diversified **vocational training opportunities** in response to national markets.
- **Self-employment** of family heads and the setting up of **small businesses** should be promoted to advance family self-reliance through support for income generating activities (IGAs) and the provision of loans. **Micro-credits** should be accompanied with comprehensive assessment, training and follow-ups.
- Employment training and support measures should be developed in response to the needs of local and national markets, promoting innovative and **creative potential** and considering individual capacities, skills and interests.
- Economic skill-building to enhance employability should adopt an integral approach, including a social dimension, towards **empowering potential employees** as human beings and building their citizenship and self-esteem.
- Special attention should be given to **enabling women** to receive **appropriate training** and enter the labour market. Amongst other things, the provision of sufficient and flexible forms of child care is required to enable mothers to concentrate on getting an education and a job.
- Governments should work together on the portability of **state benefits** and in **facilitating family visits** and reunification for migrant families in accordance with the UN Convention on the Rights of the Child.
- Children should never be excluded from access to services because of their parents' undocumented status, and awareness needs to be raised to **avoid the exclusion of migrants** and their families in the countries they work in.
- Particular attention should be paid to the **emotional costs of family separation** and 'transnational mothering' for labour migrants and their families, and support measures put in place to allow these children to **receive quality care** and remain in regular touch with their parents. In-depth research on their situation and needs should be conducted to guide further programme interventions.



**Quite simply, we have to create jobs for young people, allowing them to stay with their families.**  
(SOS Children's Villages Family Survey 2011, Niger)

# 03 | CHILDREN UNDER FIVE NEED NOT DIE OF PREVENTABLE CAUSES





## 3.1 | THE CHALLENGE: PREVENTING MATERNAL AND CHILD MORTALITY

**Improving preventive education** is essential to promoting family health, especially given that public health provision is patchy and private care remains unaffordable to many families. In particular, many under-fives die from preventable causes, and greater spending on preventive healthcare could greatly improve maternal and child health as well as reproductive health. Preventive efforts involving social, cultural and behavioural dimensions, especially when targeting mothers, can have an impact on improving family health.

John could not talk, he had a very big stomach, he had jiggers (parasitic insects that lay eggs under the skin) on his feet, hands, penis and mouth.

They had really eaten him up and he was shaking like he had a fever.

His house was made of mud and was a breeding ground for jiggers.

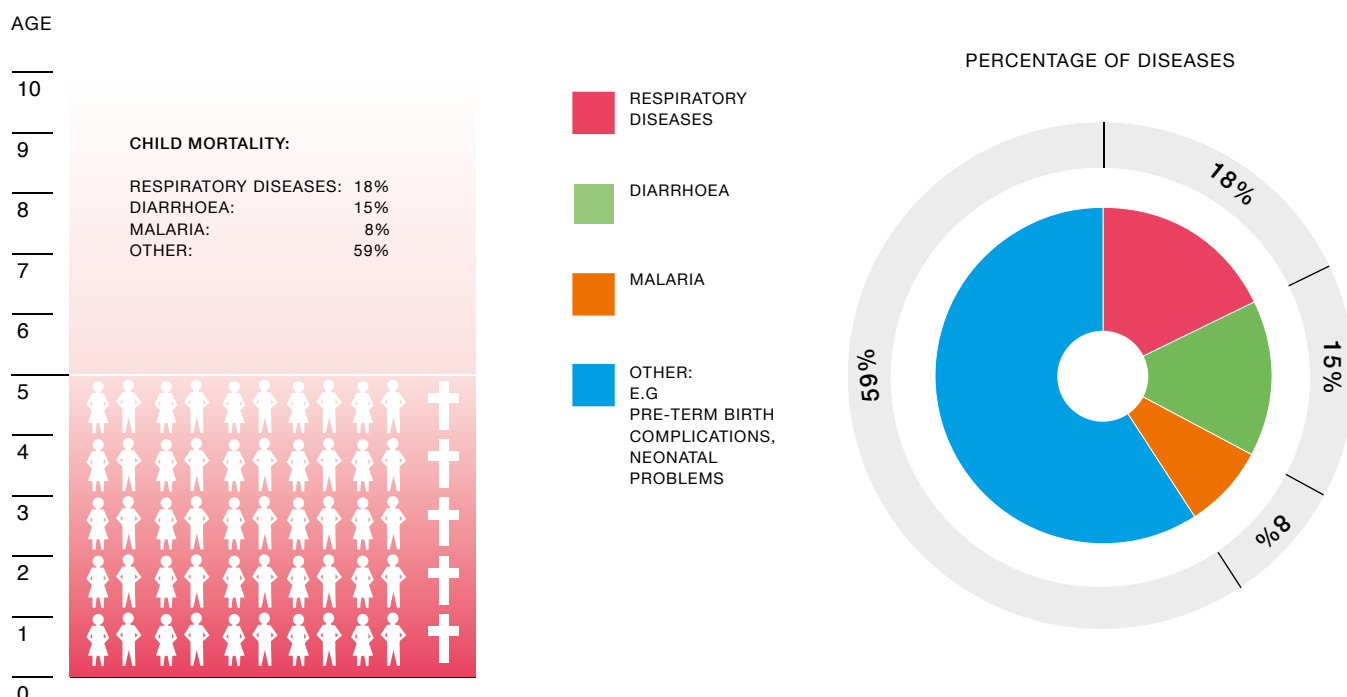
The father didn't care - it was as if everyone was waiting for John to die<sup>146</sup>.

*(Ruth, SOS co-worker from Uganda)*

Prevention is key in terms of health care, especially for poor families, who tend to be more vulnerable to health problems as they have fewer resources to spend on balanced nutritious food, preventive measures or sufficient hygiene. Besides lacking resources, poor families often also lack access to basic knowledge on disease prevention or psycho-social care.

The UN reports that most health spending is dedicated to hospital-based curative care<sup>147</sup>, disproportionately benefiting the better-off. The situation of poor families could be significantly improved by shifting the focus to boost preventive efforts.



MAIN CAUSES OF DEATH AMONG NEONATES AND CHILDREN UNDER AGE FIVE IN 2008<sup>148</sup> (Figure 15)Over five million child deaths can be prevented<sup>149</sup>

The first challenge for families in Burkina is the survival of children, because childhood diseases are very numerous, compounded by endemic malaria, all of which are exacerbated by the country's poverty. (SOS Children's Villages Family Survey 2011, Burkina Faso)

**Pneumonia, influenza and other respiratory diseases are the largest cause of death among children,** accounting for 18% of all under-five deaths (see Figure 15). The risk of transmission increases with over-crowding of living conditions and indoor air pollution caused by wood, coal or dung cooking stoves, which affect an estimated 3 billion people, mainly in developing countries. The second largest cause of death among under-fives, at 15%, is diarrhoea. Malaria is the third largest cause of death, accounting for 8%<sup>148</sup>.

If combined with hygiene awareness and behaviour change, diarrhoea-related morbidity could be reduced by two thirds<sup>151</sup>. Malaria can be tackled effectively through insecticide-treated mosquito nets. Safe cooking stoves can help to reduce respiratory disease. More generally, adequate nutrition (particularly for pregnant mothers, as their feeding habits impact on a new-born's immune system and disease resistance), vaccines and timely health care could ensure that most of these children's lives are saved.

At 38 years old, it may be surprising that Fatuma is pregnant, especially after having nine children, but the sad truth is that only four of those children have survived. The others, she said, all died as small children from diseases that should be preventable, such as measles and pneumonia. This, realistically, makes four-year-old Nur's chances of survival about 50/50 at best<sup>152</sup>. (SOS Children's Villages Emergency Relief staff member, Ethiopia)

Preventive education plays an important role in preventing child mortality, including basic knowledge about symptoms of diseases, regular and balanced feeding, hygiene habits such as hand-washing and proper faecal disposal, and the importance of breastfeeding.

<sup>148</sup> | UN Inter-agency Group for Child Mortality Estimation (2011: 1) and WHO [www.who.int/mediacentre/factsheets/fs292/en/index.html](http://www.who.int/mediacentre/factsheets/fs292/en/index.html) and UNICEF (2010: 11), <sup>149</sup> | WHO fact sheets <http://www.who.int/mediacentre/factsheets/fs178/en/index.html>

<sup>150</sup> | Powell-Jackson, Timothy et al (2006) in: UNICEF (2008: 31-32), <sup>151</sup> | Cairncross and Valmanis (2006), in: UNICEF (2006: 3), <sup>152</sup> | SOS Children's Villages TPA ID 33590: Ethiopia, 2011, H. Atkins

BREASTFEEDING REDUCES CHILD MORTALITY<sup>153</sup> (Figure 16)

## More spending on maternal and child health is needed

*Although access to health services is free and maternal health services are at a first world level, there has been a worsening of the services' efficiency. Access to national health services and early intervention is becoming more difficult and slower. Families' debts have forced many to neglect their health. (SOS Children's Villages Family Survey 2011, Portugal)*

As with many child deaths, the vast majority of maternal deaths are avoidable through education and improving basic maternal health and reproductive health care.

According to OECD figures, maternal and child health is relatively under-funded.

In particular, ODA (Official Development Assistance) spending for family planning has declined constantly, making up only 2.6% of the total ODA spending in 2009<sup>154</sup>. UN analysis shows that countries with the lowest GDP per-capita and highest mortality rates benefit least from ODA spending on maternal and child health<sup>155</sup>. Among all Millennium Development Goals, improvement of maternal health is the goal which is most under-funded<sup>156</sup> and making least progress.

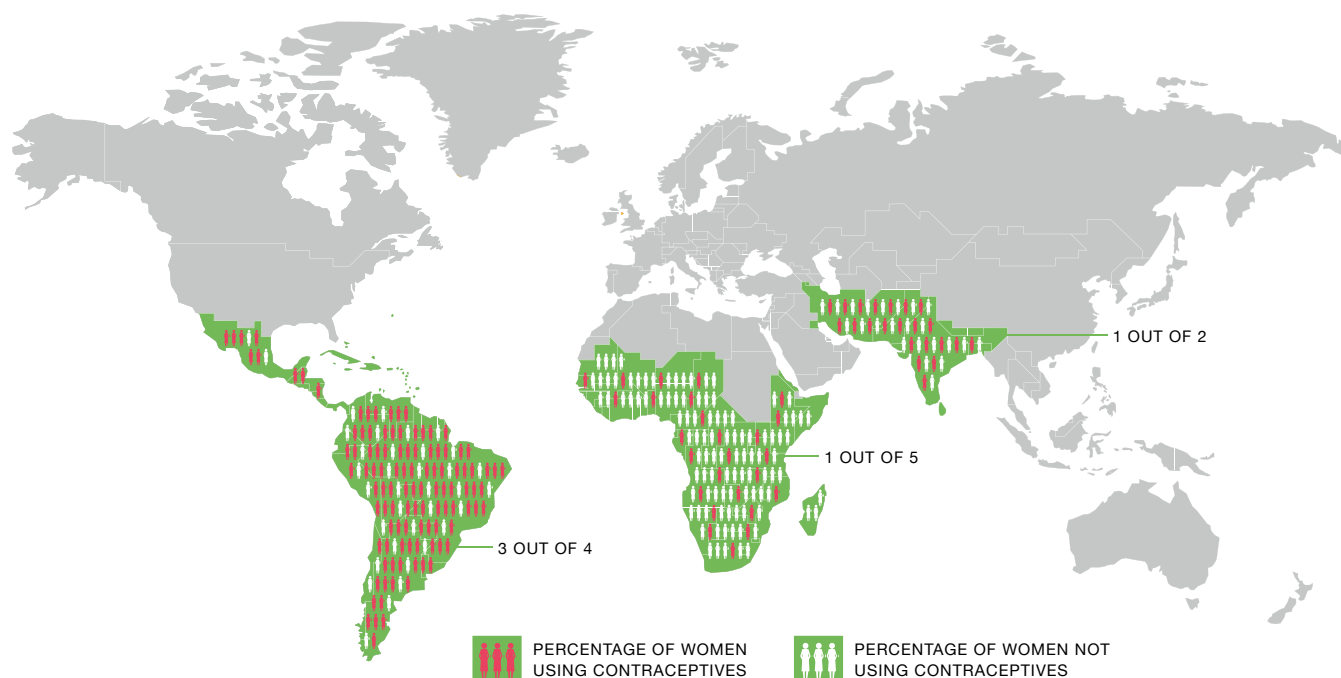


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**“It is estimated that improvements in hygiene and the quality of drinking and cooking water, sewage systems and latrines could prevent around 1.5 million deaths annually from the underlying bacterial, viral and parasitic infections causing diarrhoea”<sup>150</sup>.**

<sup>153</sup> | UNICEF (2009a: 13), <sup>154</sup> | United Nations (2011b: 35)

<sup>155</sup> | Greco et al (2010), in: WHO and UNICEF (2010:37), <sup>156</sup> | UNFPA (2011: 63)

PERCENTAGE OF WOMEN USING CONTRACEPTIVES IN DEVELOPING COUNTRIES <sup>164</sup> (Figure 17)

## Empowering mothers is key to family health

*"Many women are unaware that they might need some stitching and proper post-delivery care." (Mariama, midwife from SOS Mother and Child Clinic, Gambia) <sup>157</sup>*

Good pre- and post-natal care – including birth planning, skilled birth attendants, and early immunisation and counselling on breastfeeding – can significantly increase the survival chances of both mothers and new-borns <sup>158</sup>.

These can be improved through simple, community-based strategies, providing mothers with basic skills and knowledge regarding safe motherhood and new-born care <sup>159</sup>, particularly where they lack access to affordable health facilities.

- 50 million women give birth at home each year without trained support <sup>160</sup>, predominantly those who lack education or live in rural areas <sup>161</sup>.
- An estimated 10 million women annually experience complications such as pregnancy-related illnesses or post-natal problems <sup>162</sup>.
- 100 to 140 million girls and women <sup>163</sup> in parts of Africa, Asia, and the Middle East and among immigrant communities suffer the consequences of female genital mutilation (FGM), a cultural practice which involves the removal of the external female genitals. FGM severely affects the

health of women, and increases the risks to both mothers and babies for complications before, during and after birth.

- Many women do not use contraceptives: 3 in 4 women use contraception in Latin America; approximately 1 in 2 in Southern and Western Asia, and only about 1 in 5 in Sub-Saharan Africa <sup>164</sup>.

Globally, more than 120 million women aged 15 to 49 cannot delay or avoid pregnancy due to a lack of contraceptives <sup>165</sup>: 40% of all pregnancies are unintended, with higher rates among poor, young and uneducated women, and those with an ethnic minority background <sup>166</sup>.

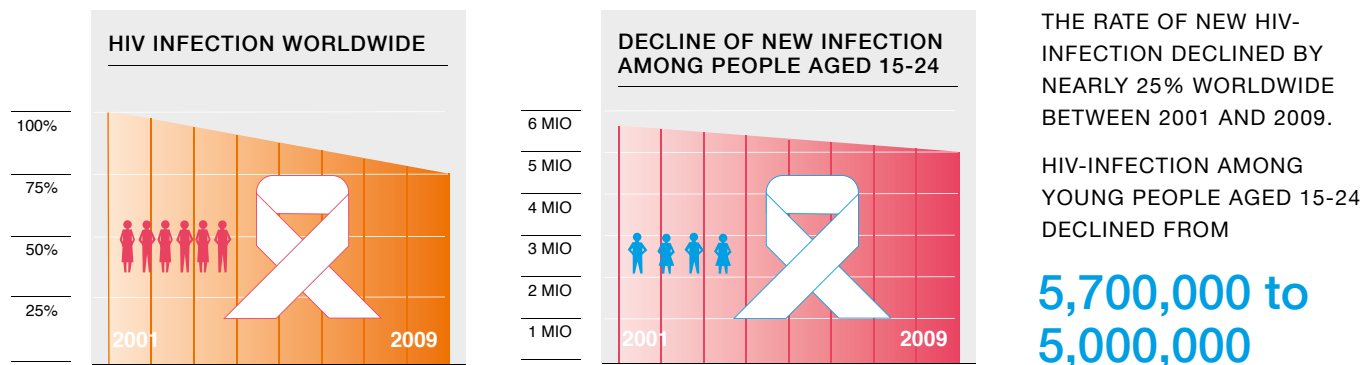
Girls who give birth before the age of 15 are five times more likely to die during childbirth than women in their twenties. 70,000 girls die each year <sup>167</sup> during labour. Teenage mothers also have a 60% higher risk of their child dying, or of suffering problems such as under-nutrition or developmental delays <sup>168</sup>.

Timely and comprehensive sexual education and family planning not only helps to prevent unwanted pregnancies and sexually transmitted infections such as HIV/AIDS, it also addresses equitable gender norms and cultural habits, supports communication among couples and empowers

<sup>157</sup> | SOS Children's Villages TPA ID 33583: Gambia, 2011, C. Ladavicius / M. Scholz, <sup>158</sup> | Mills et al. (2006); in: UNICEF (2008: 30), <sup>159</sup> | UNICEF (2008: 30), <sup>160</sup> | Save the Children (2010: 23), <sup>161</sup> | Save the Children (2010: 12), <sup>162</sup> | UNICEF (2009a: 4)

<sup>163</sup> | WHO fact sheets <http://www.who.int/mediacentre/factsheets/fs241/en/>, <sup>164</sup> | United Nations (2011b: 32), <sup>165</sup> | United Nations (2011b: 33), <sup>166</sup> | Blas and Kurup (2011: 178), <sup>167</sup> | World Health Organization (2006), in UNICEF (2009a: 32), <sup>168</sup> | UNICEF (2009a: 32)



DECREASE IN HIV INFECTION 2001 – 2009 <sup>174/175</sup> (Figure 18)

young women to make their own decisions <sup>169</sup>. Lack of such services contributes to keeping women out of school and out of the labour market, and increases the health risk for themselves and their children.

Educating mothers supports family health and survival in many ways, through better decision-making in the family,

better use of existing social services, better childcare provision and a higher contribution to the family's income <sup>170</sup>. Women with some formal education are more likely to ensure that their children are immunised and are better informed about their own and their children's nutritional requirements <sup>171</sup>.

## HIV/AIDS prevention – a lot done, more to do

*The high prevalence of HIV/AIDS is mainly because of the existing socio-economic and cultural factors relating to HIV transmission and prevention. (SOS Children's Villages Family Survey 2011, Mozambique)*

The UN estimates that in 2009, about 16.6 million children had lost one or both parents to AIDS, 14.8 million of them in Sub-Saharan Africa <sup>172</sup>.

*"There are so many prejudices and so much discrimination against people living with HIV/AIDS that, if you have it, you will be rejected from the whole community. I was so afraid that I thought of death all the time <sup>173</sup>." (Sylvie, 38, widow & mother of 4 from the Central African Republic)*

HIV/AIDS shows however, that concerted investment in preventive health measures can have an impact. The rate of new HIV infection declined by nearly 25% worldwide between 2001 and 2009 <sup>174</sup>, predominantly in Sub-Saharan Africa (the most affected region, with 69% of the global infection), which is where many preventive programmes had their focus. There was a decline of new HIV infection among young people aged 15-24, from 5.7 million in 2001 to 5 million at the end of 2009, with a clear link to safer sexual behaviour <sup>175</sup>. Other regions have, however, seen less progress, and a number of issues around prevention

efforts remain to be addressed:

- Use of condoms remains very low, especially among girls <sup>176</sup>.
- On average, only 33% of young men and 20% of young women in developing regions have correct knowledge of HIV <sup>177</sup>, and many adolescents are uninformed about their HIV status because they were never tested.
- Women are especially vulnerable, and in Sub-Saharan Africa, 9% of maternal mortality is still due to the disease <sup>178</sup>. However, most programmes preventing mother-to-child-transmission of HIV/AIDS focus primarily on HIV testing and the provision of anti-retroviral drugs, and neglect the essential role of family planning and preventing new HIV infection <sup>179</sup>.
- Men's role in educating and shaping their children's attitudes and behaviours through example and communication is often underestimated <sup>180</sup>.
- HIV/AIDS programmes disproportionately reach the wealthy, well-educated and urban over the poor, uneducated, and rural <sup>181</sup>. Condom use is also much less common among young people in poorer households and living in rural areas <sup>182</sup>.

<sup>169</sup> | UNFPA (2011: 22), <sup>170</sup> | Blas and Kurup (2011: 56), <sup>171</sup> | UNICEF (2008: 18), <sup>172</sup> | United Nations (2011b: 40), <sup>173</sup> | SOS Children's Villages TPA ID 27203: Central African Republic, 2009, C.F.N. Biyack, <sup>174</sup> | United Nations (2011b: 37), <sup>175</sup> | UNICEF (2010b: 16), <sup>176</sup> | UNICEF (2010b: 20)

<sup>177</sup> | United Nations (2011b: 38), <sup>178</sup> | World Health Organization and London School of Hygiene & Tropical Medicine (2010), in: UNICEF (2010b: 4; 5), <sup>179</sup> | UNICEF (2010b: 6), <sup>180</sup> | UN DESA (2011: 174-179), <sup>181</sup> | UNICEF (2010b: 3), <sup>182</sup> | United Nations (2011b: 39)

In particular, training workshops with local communities are required to inform families about children's rights, HIV/AIDS, healthy lifestyles, prevention of early pregnancy and so forth<sup>183</sup>.



## A 'continuum of prevention' is required

Often, health interventions reach only those families who already have access<sup>184</sup>. To achieve lasting change in health-related habits and attitudes, community members need to become involved in spreading information, motivating peers and reaching the most impoverished, isolated or excluded.

As health problems result from numerous interlinked factors, preventive efforts require a cross-cutting approach, addressing and exploring links between poverty, nutrition,

infrastructure, education, culture, gender and environment. Prevention efforts are most effective where a combination of social, cultural and behavioural dimensions is addressed. Basic health care services need to include more preventive information with a focus on the needs and perceptions of all family members. Besides the often-mentioned 'continuum of care', a 'continuum of prevention' is required to connect the various prevention issues and improve health services' cooperation.

183 | Makhanko, A. and Makeichyk Y. (2009: 24)

184 | London International Development Centre et al (2010: 8)

## 3.2. | OUR RESPONSE:

# AN INTEGRAL APPROACH TO PREVENTIVE HEALTH

Healthy development for children is central to SOS Children's Villages work. The term 'healthy development' encompasses a holistic approach to child development and well-being, including physical, mental, psycho-social, emotional and spiritual dimensions. Health within SOS Children's Villages programmes is addressed in a comprehensive manner:

- **Supporting access to preventative and curative family-friendly and child-specific health care services** – also for families outside the formal health insurance system.
- **Conducting training sessions and awareness-raising campaigns** and supporting governments in scaling up their preventive health measures and crafting legislation.
- **Supporting the psycho-social and mental component of family and child health** through counselling, therapeutic support and promoting positive family relations.

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National efforts to address (preventive) factors should be scaled-up, such as health services for pregnant women or the coverage of insecticide-treated nets to prevent malaria. Our medical centre in Zanzibar addresses this challenge through family planning and counselling, provision of antenatal and postnatal care and by addressing sexually transmitted diseases and HIV. *(SOS Children's Villages Family Survey 2011, Tanzania)*

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SOS Children's Villages works with public health services on quality service delivery and facilitates families' access to national and local health services. Many programmes include both preventive and curative health components, ranging from workshops on hygiene, sexual education or breastfeeding practices to delivering vaccines or vitamins, or providing specialised health support around maternal and child health, psycho-social or mental health, or disability.

Preventive family health is a major priority for SOS Children's Villages. A child's healthy development is key. Promoting the active participation of all children strengthens the capacities of families and communities to protect and care for them. Our HIV/AIDS policy ensures that effective measures to prevent infection among children, young people and caregivers are integral to all programmes.

Poor people typically consult health services only when there are already signs of sickness, especially where health care is costly or services not within reach<sup>185</sup>. Health prevention therefore often starts by enabling children and caregivers to have regular and easy access to a family doctor who they trust, for routine health check-ups, to monitor their health conditions and explain matters in an easily understandable way, without the barriers of excessive costs and bureaucracy.

<sup>185</sup> | Community Agency for Social Enquiry (2007: 43-44); Herrera Castañeda, Mabel (2007: 10)





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## Case Study

### Romania: Supporting comprehensive health for vulnerable families in Bucharest

“Some refused from the very beginning to use a birth control method. They used to say: “No, no, no, I do not want, I won’t have other children” – until a new pregnancy occurred. I told them at least to go for a medical consultation, and they accepted. This was a first step. They were informed of what they could do, what methods, what alternatives they have – at least now they know where to go<sup>186</sup>.” (National SOS Childrens Villages Programme Coordinator, Bucharest)

*This case study shows how a combination of health and other support prevents the breakup of Romanian families and gets them on their feet.*

*Despite reforms, economic growth and accession to the European Union in 2007, Romania still suffers the consequences of the social and economic policies pursued under the Ceausescu regime. When the former dictator was overthrown in 1990, **children** living in state orphanages were found to be **malnourished** and living in **terrible conditions**. Even today, Romania still has low levels of employment and wages, a large rural population and widening regional disparities in social and health service coverage. **13.8% of the population live below the poverty line**<sup>187</sup> and health expenditure per citizen is the lowest in the European Union<sup>188</sup>.*

*SOS Children’s Villages Romania initiated a programme in 1999 in line with the government’s strategy to **prevent poverty-related placement of children in state orphanages**. It addresses poor and socially vulnerable families who are at high risk of being separated from their children. An SOS social centre in Bucharest **supported a total of 236 children** and their parents in 2009. **Over 90% of the participating families** have an **income** below the **minimum wage**<sup>189</sup>.*

*The social centre supports the families in **improving their living conditions** and **increasing their access** to social, educational and medical services in the community, with a view to developing their **capacities to independently access services** after leaving the programme. Material and financial support is given according to needs, parents are offered training in parenting skills, children can participate in social activities to build their social-emotional skills, and the families receive **social and psychological counselling**. The social workers also help to prevent discrimination against participating families in public institutions such as hospitals, schools or kindergartens, for example due to their poverty or Roma ethnicity.*

*Social workers assist families in accessing medical services and registering with a family doctor. During house visits and counselling sessions, social workers encourage the parents and children to have **periodic health checks** and help them to understand medical diagnoses, vaccinations and treatment. The centre provides financial help where necessary to acquire medicines that are not paid for by the state. The centre partners with facilities that offer family planning and **birth control education**. Approximately 60% of the mothers who accessed the family planning and birth control services started to use birth control methods<sup>190</sup>, for some it was a sensitive issue to overcome resistances and fears due to reasons such as religious background.*

<sup>186</sup> | Cojocaru, Stefan et al. (2007: 32-34), <sup>187</sup> | World Bank (2007), <http://data.un.org>; <sup>188</sup> | UNICEF Romania, [http://www.unicef.org/romania/overview\\_1610.html](http://www.unicef.org/romania/overview_1610.html)  
<sup>189</sup> | Cojocaru, Stefan et al. (2007: 15), <sup>190</sup> | Cojocaru, Stefan et al. (2007: 32-34)





Family Strengthening Programme.  
SOS Social Centre in Hemeiusi/Romania.

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**Health conditions have improved** and home visits have motivated parents to take better care of their health and improve hygiene. All families who leave the programme are **registered with a family doctor**, benefit from free medical services, regularly have health check-ups and take their children to the doctor independently when medical problems occur.

## Free medical care is insufficient without preventive efforts

Free medical care alone is not enough; aspects of prevention related to the daily habits and socio-economic circumstances of families also need to be addressed.

*Three African countries showed that about one third of children with sufficient access to medical care fell sick relatively often, reporting symptoms related to malnutrition and inadequate housing, issues which required preventive measures*<sup>191</sup>.

*80% of families in Nepal were unaware of the health risks of contaminated water, and their homes were full of dirt and*

*mud, with insufficient ventilation for smoke from fire logs and unsanitary toilets*<sup>192</sup>.

Many components of health prevention programmes can be easily run by well-trained community members. Wherever possible, caregivers and children themselves can be trained as peer educators. However, programme experience shows that consistent support is essential to ensure that the volunteers do not neglect problems which they feel they do not have the competence to handle<sup>193</sup>.

## Preventive health care empowers people to change their lives

*Many decisions are still mainly made by men in most communities. Education can encourage men to break away from harmful cultural practices against women and become more involved and supportive of women's needs, choices, and rights as regards maternal health. They can also improve women's positions in decision-making practices. (SOS Children's Villages Family Survey 2011, Uganda)*

The psycho-social components of preventive health services can have a far-reaching impact in empowering individuals and communities to gain the knowledge and skills to take better care of themselves. For example, HIV/AIDS prevention

for children and youth can include sessions to help them deal with bereavement and grief when they have lost caregivers, so that they are able to share their despair, regain hope and find the strength to build up their self-reliance. Girls and women in particular need safe spaces to discuss issues such as abuse, HIV and unwanted pregnancy. Preventive health efforts must empower women, but in addition to this, they need to increasingly address men. Men often tend to be harder to reach through programme activities, and much change depends on them being sensitised in their role as fathers, husbands, and in many contexts, family heads or community leaders.

<sup>191</sup> | Centre for Intercultural Communication (2011: 26, 27),  
<sup>192</sup> | Parajuli, Tirtha Raj et al. (2007: 36-40)

<sup>193</sup> | International Institute for Research & Development (2008: 44- 49)



## Case Study

### Zimbabwe: Supporting a healing process for vulnerable communities

It is becoming increasingly hard to ensure children's access to basic services.

The little that people have is eroded by inflation. (SOS Children's Villages Family Survey 2011, Zimbabwe)



Bereaved youths benefit from a healing process provided by SOS Social Centre in Zimbabwe.

This case study shows how emotional stability is delivered to Zimbabwean children affected by AIDS.

Since the late 1990s, Zimbabwe's economy has been in constant crisis, due to successive droughts, continuous inflation and low foreign investment. UNICEF estimates that over **half of the population** (a quarter of a million households) **live in extreme poverty** including 3.5 million children who are chronically hungry; many of whom are **orphaned by HIV/AIDS**<sup>194</sup>. The government's social welfare services and water and sanitation services have all deteriorated. Glen View and Glen Norah are two high-density poverty stricken suburbs of the capital Harare where the **incidence of tuberculosis is high**, the result being that terminally ill parents, grandparents or siblings must care for children.

Established in 2005, **the programme provides a healing process** for the bereaved and distressed. Material support such as **food packages** and **school fees** is combined with long-term training and capacity-building of children and families and the **development of community structures** such as schools.

The programme facilitates children's access to public health services and medical expenses are covered where necessary in partnership with pharmacies. **Workshops** are provided to **promote preventive health awareness**, life skills, and **HIV/AIDS counselling**. Children and youth are trained in **peer counselling** to widen the support systems in the community. Workshops focus on relationships, dealing with bereavement and children's rights and responsibilities. Staff members are trained in working with children in distress.

**Quality of life and children's health has improved for 1,486 children** (during 2005 alone) as a **result of improved nutrition**, lifestyle changes and greater **emotional stability**. Issues surrounding HIV/AIDS were demystified and discussed openly and knowledge on preventive health has increased. Currently, the programme is working on building lasting social protection mechanisms in the community and building the capacity of community-based organisations to support the families as needed.



Preventive health care for happy healthy mothers and babies at the SOS Medical Centres in The Gambia.

The challenge for maternal health should be viewed as a continuum that encompasses reproductive health, family planning, pregnancy, childbirth and infant and maternal mortality. Education can also enlighten us as to how maternal health impacts on women, children's well-being and society as well. (SOS Children's Villages Family Survey 2011, Uganda)



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### 3.3 | CALL TO ACTION – WHAT CAN BE DONE NOW TO PREVENT CHILDREN DYING OF PREVENTABLE CAUSES IN 2013

Concerted efforts should target the creation of a **'continuum of health care and prevention'** approach.

- **Governments** and health care providers need to pay more attention to **aligning curative and preventive health** care efforts, addressing cross-cutting issues related to health, understanding health in an integral manner and improving efficiency among various providers and health sectors.
- Governments and donors should **allocate more funds** to **preventive health care**, as well as to **child health, family planning** and **maternal health**, as this is one of the **most under-funded MDGs** and is making least progress. Measures related to maternal and child health need to be well coordinated and linked. States have to ensure that relevant information and knowledge reach the poorest in society and that they are helped to adopt healthy lifestyles.
- Prevention programmes should address the complexity of interlinked social, cultural and behavioural dimensions and in particular address the psycho-social and **emotional needs of children** and adults through **home-based support**, trainings and awareness-raising, with a focus on the needs and perceptions of all family members.
- **Barriers need to be removed** for poor families to access **regular health care services** for prevention and information on said services must be sent to them through targeted, timely and accessible communication channels.
- Preventive health programmes should invest in adequate training and **support of community** members as **peer educators**, and reach out to all community stakeholders influencing family health.
- To counteract the main diseases causing child mortality, general health awareness and behaviour **change** is necessary in terms of **hygiene, safe water, cooking habits, nutrition, and the importance of breastfeeding**.

Community-based strategies should be implemented to empower mothers through skills and knowledge in maternal and, in particular, in post natal care, use of contraception, HIV and sexually transmitted diseases. **Particular attention must be paid to illiterate women**, those in rural areas or from ethnic minority backgrounds. In addition, men must be educated to understand their role and responsibilities in the family and community.



States have to ensure that relevant information and knowledge reach the poorest in society and that they are helped to adopt healthy lifestyles.

Children have the right to information that is important to their health and well-being.



# 04 | THE SCHOOL SYSTEM HAS LESSONS TO LEARN TO PREVENT DROPOUT

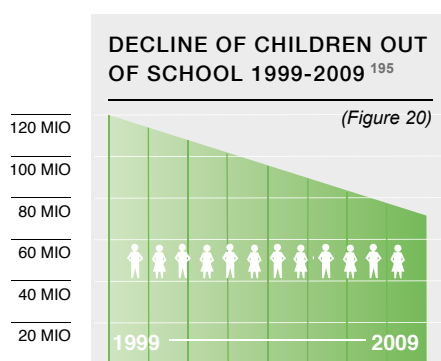
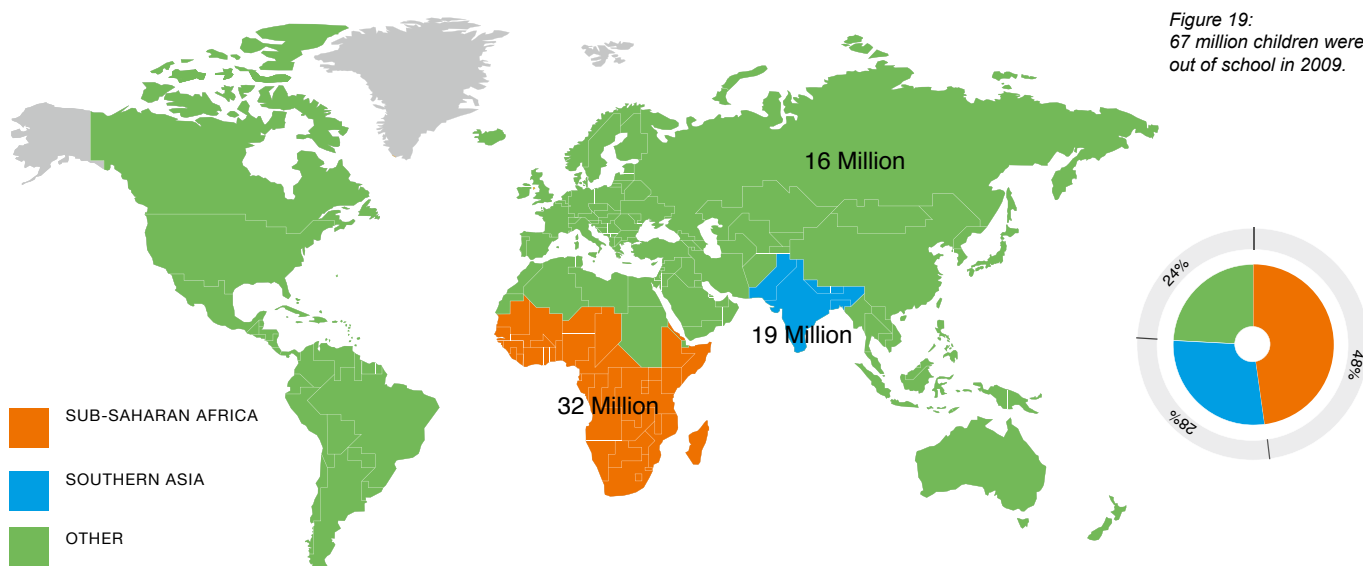
## 4.1 | THE CHALLENGE: KEEPING CHILDREN IN SCHOOL

**Education** is key to breaking the intergenerational cycle of transmission of poverty. However, recent gains in access to primary education have not been matched by improvements in the quality of schooling or access to secondary and higher education. Many children, especially girls, still drop out of school to work and contribute to the family income. Girls and children from poor, less educated or marginalised families are over-proportionately affected.

Many parents are not educated, they are not aware of the importance of education and skills training that could shape the future of their children. They rather prefer to use the labour of the children to support the families in the effort to generate income. *(SOS Children's Villages Survey 2011, Ethiopia)*

Education is a key investment for families, as it contributes as much to social cohesion and economic growth as it does to individual fulfilment. The Millennium Development Goal on universal primary education has greatly improved school enrolment rates in all regions, with the elimination of school fees driving rapid progress in many countries. Before the recent economic crisis, the number of children out of school fell from 106 million to 67 million between 1999 and 2009<sup>195</sup>.

Sub-Saharan Africa remains the weakest region, but has made the biggest progress and achieved a primary school net enrolment ratio of 76% in 2009. Most other developing regions have already well exceeded the 90% mark<sup>196</sup>. Of the 67 million children out of school in 2009, almost half of them were in sub-Saharan Africa and a quarter in Southern Asia<sup>197</sup>. One in five children in the least developed countries was excluded from primary education<sup>198</sup>.

CHILDREN OUT OF SCHOOL GLOBALLY IN 2009<sup>197</sup> (Figure 19)

Guatemala is characterized by a mainly indigenous population with a high percentage living in rural areas where the population either lives in poverty or extreme poverty. This situation causes children to engage in informal labour activities at an early age, causing dropouts from school, absenteeism and repetition of the school year. (SOS Children's Villages Family Survey 2011, Guatemala)

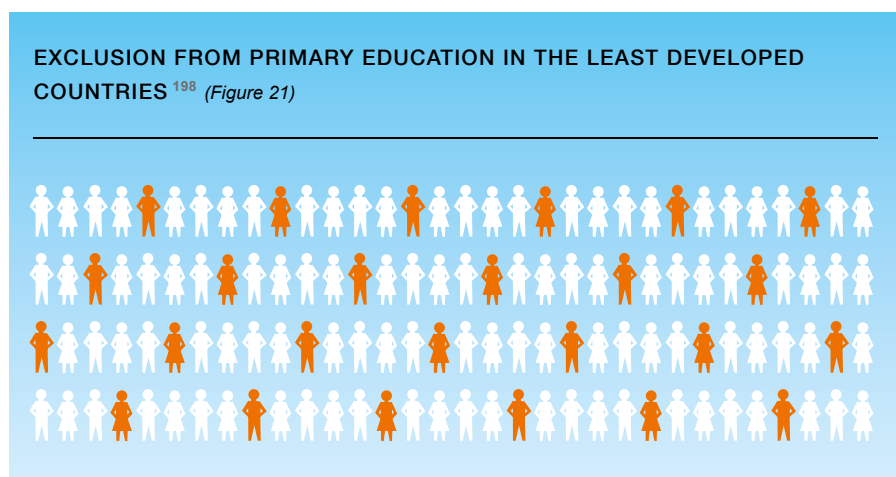


Figure 21: One in five children in the least developed countries was excluded from primary education.

<sup>195</sup> | United Nations (2011b: 16-17), <sup>197</sup> | United Nations (2011b: 16-17),

<sup>198</sup> | United Nations (2011b: 17)



## Poor children are most likely to miss out on school

*"All-day classes are standard in Senegal, but daily attendance is not. Only 60% of children have the opportunity to go to school. The rest often have to take care of their siblings or find work to help the family. To survive, 7,600 children beg on the streets of Dakar. This would have been the fate of Tima, who was 4 when her mother died, but a social worker from the neighbourhood heard about the conditions she was living in and brought her to SOS Children's Village Dakar<sup>199</sup>." (SOS Children's Villages staff member from Senegal)*

Children who are poor and deprived, live in remote areas or come from an ethnically or otherwise marginalised background are at a higher risk of not completing school. Of the total number of primary-age children in the world who are not enrolled in school, 42% (28 million) live in poor countries affected by conflict<sup>200</sup>. Some children are especially vulnerable to missing out on education: The principal reasons for low school attendance in rural areas are costs, difficulty of access, and low value placed in education<sup>201</sup>.

Children with specific learning needs due to retarded development or disability require greater support if they are to integrate and stay in school. Lack of an adequate learning environment, discrimination, or factors related to poverty can exacerbate the problem.

Children from socially marginalised or difficult back-

grounds often lack the financial means to afford school materials or fees; they rarely have a favourable learning environment at home, and/or face bullying or discrimination at school. This often includes orphaned children or children from an ethnic minority background, and children living in family settings which are outside of local social norms.

Children from households with less educated or illiterate parents face a higher risk of non-attendance or dropping out of school. The parents' education level influences the educational achievement of children. In times of economic constraints, uneducated parents place less value on the importance of education. They are also less likely to support their children adequately during their schooling<sup>203</sup>.

*"My mother had to drop out of school due to her early marriage, but she completely understands the importance of education and does her best to support the development of her children. When I wanted to drop out of school to work and support the family, she asked me to stay in school and concentrate on my studies. She has many dreams for her children and wants me to become a successful person in life, and I want to make her proud<sup>204</sup>." (Satendra, 15, Family Strengthening Programme beneficiary from India)*

South Asia – with relatively low adult literacy but relatively high school enrolment – shows that this vicious circle can be broken (see Figure 22).



© Katerina Ilevska

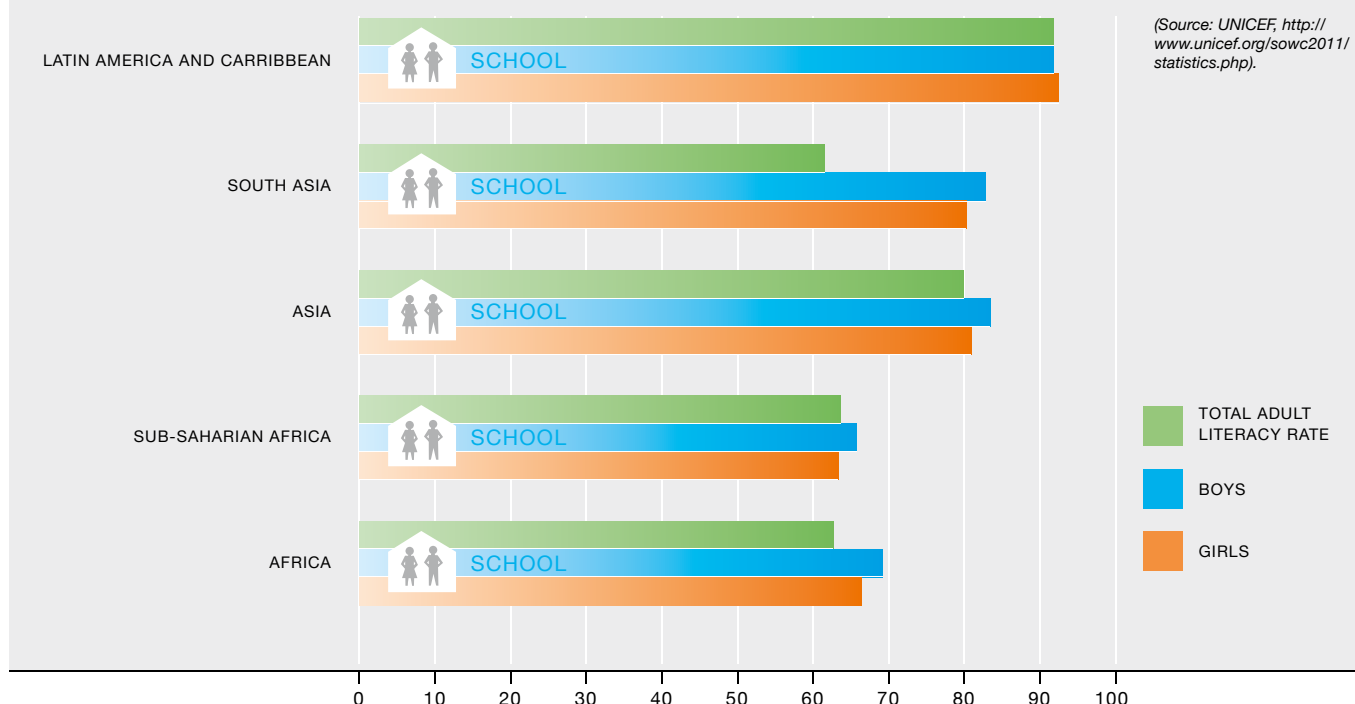
**One in two Roma children in Albania attended pre-school and compulsory education in 2007<sup>202</sup>. Parental alcoholism, drug abuse or domestic violence contributed to this.**

*Family Strengthening Programme.  
SOS Social Centre in Baku/Azerbaijan.*

199 | SOS Children's Villages TPA ID 33781: Senegal, 2011, E. Lavenac, 200 | United Nations (2011b: 17), 201 | ODI/UNICEF (2009a: 26)

202 | Human Development Centre (2007), in: Muca Mirela et al (2009:15), 203 | Save the Children (2009: 24), 204 | SOS Children's Villages TPA ID 32385: India, 2011, A. Kumar

CORRELATION BETWEEN SCHOOL ATTENDANCE AND ADULT LITERACY 2005 – 2009 IN % (Figure 22)



In every region of Niger outside the capital Niamey, the educational level of girls is too low in comparison with boys. The reason for this situation lies in the view that the woman's place is in the home. (SOS Children's Villages Survey 2011, Niger)

For various reasons, girls are more likely to either not attend or drop out of school than boys. In times of poverty, parents often choose to invest in the education of their sons, especially as the household contribution of a girl is considered more significant<sup>205</sup>. Girls carry a 'triple burden' of housework, schoolwork and work outside the home: this impacts negatively on their educational achievement. Unexpected pregnancy forces them to leave school for reasons of discrimination or to take over family responsibilities.

Gender parity in school access has improved, with the proportion of girls out of school declining from 58% to 53% worldwide between 1998 and 2008<sup>206</sup>.

Secondary education is unaffordable for many families due to greater distances to school, higher school fees and costs of school materials. Though the Millennium Development Goals advocated for primary education to be free, secondary education still lacks this support.



## Child labour plays a major role in school drop out

Child labour is a major contributor to high school dropout rates. Families facing poverty send their children to work rather than school to support the family income. Child labour affects an estimated 150 million children aged 5-14, and is most common in sub-Saharan Africa, where more than a third of children work<sup>207</sup>.

*Millions of children in Pakistan suffer under a system of bonded labour. They also remain uneducated, 42% never having attended school and 58 % having dropped out. (SOS Children's Villages Survey 2011, Pakistan)*

*"The older boys of the Ciobanu family worked with their father and the girls helped the mother with the household. None went to school. The first thing we did when they arrived was to convince Radu and Maria to let the children go back to school<sup>208</sup>." (Marcela, Family Strengthening Programme coordinator from Romania)*

The International Labour Organisation estimates that more than two thirds of all child labour is in the agricultural sector, engaging rural girls in particular, some as young as 5-7 years-old<sup>209</sup>.

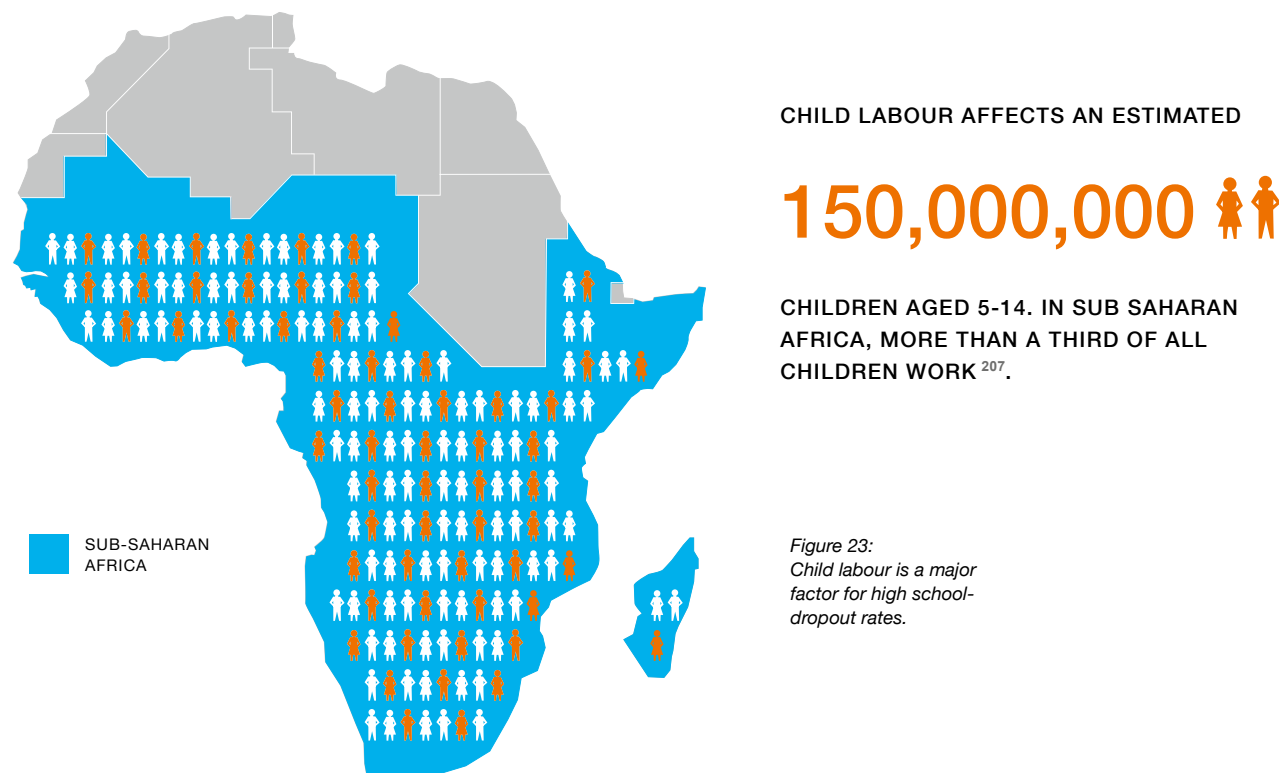
*Half of school dropouts mention lack of money as a main factor for not attending school; the rate is likely to be higher as some may not have mentioned poverty due to shame<sup>210</sup>.*

*Children from marginalised families or communities are at increased risk of being caught up in child labour due to the difficulties they and their families face in meeting their basic needs and accessing essential services<sup>211</sup>.*

Older children with many siblings often work to contribute to family income and care for their younger siblings, at the expense of their own schooling. They include children who live with a care-giver or those who have lost their parents. Early entry into the labour force makes children more likely to delay school admission, fail to complete basic education or never attend school at all. While the child contributes to solving the family's financial problems in the short term, child labour perpetuates the inter-generational cycle of poverty by keeping the child out of school.

While increased access to education through the abolition of school fees is regarded as contributing to recent declines in child labour<sup>212</sup>, there is already concern that the economic crisis might trigger another rise in child labour, with a negative impact on school attendance.

### CHILD LABOUR KEEPS 5 – 14 YEAR OLD CHILDREN OUT OF SCHOOL<sup>207</sup> (Figure 23)



<sup>207</sup> | UNICEF (2009c: 15), <sup>208</sup> | SOS Children's Villages TPA ID23412: Romania, 2007, K. Ilievska, <sup>209</sup> | ILO (2006: 37-38)

<sup>210</sup> | PMSK (2006), in: Indonesia Research Team (2006: 16), <sup>211</sup> | Makoko Munday S. and Nungu D. (2008: 20), <sup>212</sup> | United Nations (2011a: 45)



© Conor Ashleigh



"When my dad died I had to quit school so that I could help my mom and grandmother. I started to sell in the market so that we could eat. If I don't make money, we don't eat. I like being out all day with my friends at the market, but I miss school more<sup>213</sup>." (Participant in SOS Children's Villages Focus Group Sierra Leone)



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## Level of teacher training determines education quality

Efforts to improve the quality of education are essential. The 2010 UNESCO Education for All (EFA) report indicates that in South and West Asia and in Sub-Saharan Africa, many children fail to master basic literacy and arithmetic skills, even when they complete primary education <sup>214</sup>.

Many countries lack sufficient numbers of well-qualified teachers. UNESCO estimates that the poorest countries need to recruit almost two million teachers by 2015 <sup>215</sup>, again with a focus on eliminating disparities in rural areas and disadvantaged neighbourhoods.

*'Because of budget constraints, the educational system has adopted the practice of the employment of untrained parents as school masters. They represent nearly half of the total number of school teachers in class today' <sup>216</sup>.*

With globalisation and the spread of new technologies, knowledge and skills become ever more important to both individuals and to national economies. Where the right to education is not fully guaranteed and children drop out of school due to the financial situation of their families, their transition to the labour market is extremely difficult. This leads to young people finding themselves unemployed or in unqualified, low paid or informal jobs.



**Many countries lack sufficient numbers of well-qualified teachers.**

*Haiti's teachers understand the importance of training provided by SOS Children's Villages.*



*One million children are out of school in India – the SOS Social Centre in Stinagar provides alternatives.*





## 4.2 | OUR RESPONSE:

# A HOLISTIC APPROACH TO PREVENT SCHOOL DROPOUT

*"Our educational system is creating issues because class sizes are well beyond what can be reasonably managed and children with special needs are falling through the cracks. We currently run a homework club for vulnerable youth who need support to achieve basic expectations in school."* (SOS Children's Villages Family Survey 2011, Canada)

*"SOS Children's Villages strongly believes in quality education as the means to break the cycle of marginalisation, poverty, violence and family breakdown".*

This introductory statement of the organisation's education policy stresses the important place education has in a child's full development. SOS Children's Villages works towards making child-centred education accessible for vulnerable children whose right to education is violated:

- Working in **partnership with governments**, the primary bearers of the duty of providing formal education, to ensure sustainability, accessibility and quality of educational systems.
- Assisting **educational service providers** to develop the capacities, resources and systems necessary to provide

child-centred, holistic, safe, inclusive and accessible high quality educational services (e.g. teacher training, curricula development, provision of equipment).

- **Providing formal education where otherwise not available**, with a clear focus on long-term formal education being the responsibility of the state, community or recognised local educational service providers.
- Offering **non-formal education** for families and children to support comprehensive child and family development.
- **Helping parents** to fulfil their primary responsibility for the education of their children and building their capacity to support their children's learning and claim their educational rights. Educational activities are provided to strengthen and develop families' related attitudes, knowledge and skills.

## Promote integrative and holistic education

SOS Children's Villages programmes always give attention to the full cycle of formal education, from early childhood development, crèches and kindergartens through to primary and secondary schools, vocational training, higher education and adult learning, as well as the many forms of informal education.

Formal education is too often focused on academic achievements and professional qualifications. SOS Children's Villages promotes a more holistic, rights-based approach to education. Education which respects the individual child as a resourceful, unique human being, actively participating in her/his own development process, will keep children motivated in school and prepare them for later life. Education which individually supports children to develop

their innate abilities and skills will make a lasting difference, especially for children from disadvantaged or marginalised backgrounds or with specific learning needs.

Today's society and labour market require attitudes, values, knowledge and skills that go beyond traditional curricula and which address human dignity, empowerment, inequality, child rights and active citizenship. Learning environments need to guide curiosity, create individual learning options, and allow children to express their feelings, gain self-confidence, research and experiment. They have to stimulate children to take responsibility for themselves and others, to be flexible, deal with uncertainty, understand and question a complex reality, and take informed decisions. They must also encourage children to participate actively in social and economic life.

## Case Study

### India: Schooling in marginalised communities in Bhubaneswar and Kochi

“Through constant and continuous efforts one can change the lives of young people with low academic performance so they can become successful in society.”

*(Youth social worker in Cochin)*

*This case study shows how improving parenting skills combined with various supports provides a brighter future for children in India.*

- **Over a third of India's population live below the poverty line**
- **Half of India's women are considered poor** <sup>217</sup>
- **About half of the country's 350 million children are chronically malnourished** <sup>218</sup>
- **One million children were out of school in India in 2009** <sup>219</sup>, most of them from marginalised social groups
- **Only 40% of Indian adolescents attend secondary school** <sup>220</sup>
- **283 Million adults are illiterate** <sup>221</sup>
- **One in every 6 children under 14 is engaged in child labour** <sup>222</sup>

Challenges for the educational system include improving access, equity and quality; curricula and teaching practices require improvements. Regional and ethnic disparities need to be reduced.

**Disadvantaged families living in 15 villages and slums around the cities of Bhubaneswar and Kochi were chosen to participate in a programme established by SOS Children's Villages India in 2003. The majority of the families came from castes or tribes which are generally discriminated against. Six out of every ten of the supported families in Bhubaneswar are illiterate; the majority live below the poverty line. The vast majority of supported caregivers are socially marginalized widows** <sup>223</sup>.

The SOS Children's Villages programmes aim **to empower families** to become self-reliant in the care of their children, through **access to basic services**, capacity-building of parents and children, creating good playing and learning environments and helping the community to be responsive to children's needs. During 2007, 264 families and their 478 children were supported.

**To support the education of children, caregivers receive financial assistance** for purchasing educational material and books, paying school fees or tutors. Children and parents receive advice on school attendance, career choices, admission and other related matters. Non-formal education for school dropouts and extra tuition for weak learners is also provided.

<sup>217</sup> | UNDP Human Development Report (2011), [http://www.undp.org.in/whatwedo/poverty\\_reduction](http://www.undp.org.in/whatwedo/poverty_reduction), <sup>218</sup> | UNESCO EFA global monitoring report (2011: 5)  
<sup>219</sup> | World bank (2009), <http://www.worldbank.org.in>, <sup>220</sup> | World bank, <http://www.worldbank.org.in>



A reason to smile –  
A family strengthened  
at the SOS Social  
Centre in Cochin, India.

Subsidised **health care and counselling** for participating families **is offered through collaboration with hospitals**, the formation of self-help groups for parents to generate income, and counselling sessions on various issues including nutrition, parenting skills and child rights. In Kochi, caregivers started with cash support to provide milk and other food items to their children. **This holistic approach furthers children's school success through adequate nutrition, medical care, respect of their rights and improving the knowledge of their caregivers.**

Socio-economic factors, including a low rate of participation in nutrition counselling sessions, are challenges for the Bhubaneswar location. However, the educational activities have been successful in terms of children's enrolment, attendance and performance. In the school in Bhubaneswar the dropout rate has significantly decreased; **94% of the children on the programme regularly attend school.**

The SOS Children's Villages programmes have been able to ensure children's access to basic services such as education, nutrition and health. **The challenge now is to build the capacity of participating families to access social security schemes and other entitlements and to empower the whole community for better child safety and the promotion of child rights.**



"My children were embarrassed. Not wanting their classmates to know where they lived, the children would get off at different bus stops and walk home for 4-5 kilometres. The final blow was when we got to the stage that one pair of shoes went to school every day but was worn by a different child each day. When they stopped going to school, we didn't have the strength to force them back<sup>225</sup>."

*(Nicoleta, mother and Family Strengthening Programme participant from Romania)*



*Children in their house near Sofia, Bulgaria.*

224 | Centre for Intercultural Communication (2011: 29), 225 | SOS Children's Villages TPA ID 32910: Romania, 2011, K. Ilievska, 226 | MDF South Asia (2008: 13-17), 227 | Centre for Intercultural Communication (2011: 23-26), 228 | Association Educational Centre for Families and Schools (2011: 20), 229 | UNICEF Innocenti (2010: 28); Walker et al. (2007), Engle et al (2007) in: Woodhead and Siraj Blatchford (2009: 6)

## Families need individualised and varied support

The socio-economic circumstances and living conditions of families need to be addressed to create positive conditions for learning and studying.

Children sleeping on banana leaves instead of proper beds and getting soaked overnight in houses with leaking roofs or missing windows<sup>224</sup> – as found in Zambia, Uganda and Mozambique – will not be able to focus on their education. Children who are hungry or overworked will not have the capacity to concentrate on their school-work.

*“None of the five children in the family attended school, although all were school age. The oldest, a girl, dropped out in order to work, which she can’t legally find until she turns 18. Two of the children have not been outside the rubbish dump they live on in almost a year. What people throw away is their toy; sometimes their supper [...] We enrolled the children in the primary school in Sibiu. Their attendance was closely monitored and, though not always regular, it was progress that they didn’t drop out this time. By June 2011, three children had graduated second and one was in the fourth grade. The eldest daughter did not go back to school<sup>225</sup>.” (Maria, Family Strengthening Programme coordinator, Romania)*

Irregular school attendance, which often precedes school dropout, can depend on many factors. In a programme in Sri Lanka, where school expenses were covered and children were reported to be happy at school, as many as half attended class irregularly<sup>226</sup>. Children in programmes in three African countries indicated that they stayed home from school for reasons such as health problems, a lack of proper material, unwashed clothes, theft of shoes or uncut hair<sup>227</sup>. Around 20% of children and youth in these programmes dropped out of school for reasons ranging from

work to pregnancy, bullying at school or transport problems. A programme evaluation in Latvia indicates a strong and mutually reinforcing link between general learning difficulties and frequent absence from school among children from high-risk families<sup>228</sup>.

There are many ways to attend to the needs of children most at risk of school dropout and increase their chances from an early age. Early childhood education programmes help especially poorer and illiterate parents to reduce the inequality gap for their children<sup>229</sup>. These programmes establish the foundation for later school performance and are essential support instruments for children from disadvantaged households. Otherwise, as early as age 2, children from poor families are more likely to have a reduced educational and cognitive performance<sup>230</sup>. Unfortunately, evidence shows that children from poorer, less educated and rural areas have 25-50% less access to early childhood services<sup>231</sup>. A programme evaluation in Peru noted that children starting school who had benefited from early childhood development programmes displayed better reading and writing competence and psycho-motor abilities<sup>232</sup>.

Once children attend school, individual case-by-case follow-ups through home visits by social workers or community members are helpful and can contribute to encouraging and monitoring school attendance<sup>233</sup>. Children without parents or from child-headed, impoverished and marginalised families might stand out because they lack the ability to afford extra-curricular activities, uniforms, books or stationery. Providing these things can help them to become more integrated and accepted in the community. A survey among such children in Zimbabwe confirmed that stigma was reduced and self-esteem increased, in contrast to previous patterns of aggressiveness or withdrawal<sup>234</sup>.



© Joris Lugtheid

**Two of the children have not been outside the rubbish dump they live on in almost a year. What people throw away is their toy; sometimes their supper ...<sup>225</sup>**

<sup>230</sup> | Grantham-McGregor et al. (2007) in: Woodhead and Siraj Blatchford (2009: 6),  
<sup>231</sup> | Woodhead and Siraj Blatchford (2009: 34), <sup>232</sup> | Herrera Castañeda, Mabel (2007: 94)

<sup>233</sup> | Community Agency for Social Enquiry (2007: 42-43), Cojocaru, Stefan et al. (2007: 5),  
<sup>234</sup> | Chikwira, A. K. & Banda, Tomaida (2007: 17-20; 33)

## Working with the whole system prevents school dropout

*The school can say, "no, we have had enough of these at-risk kids, the school is not suitable for helping them". (School specialist in a programme in Latvia) <sup>235</sup>*

SOS Children's Villages programmes found that teachers sometimes lacked awareness of the particular needs of vulnerable children. They labelled them as unmotivated or problematic, physically punished them or made fun of them <sup>236</sup>.

Programmes that work on improving the learning environment in schools also address relationships between students, teachers and parents. Training of school representatives and teachers builds skills for working with distressed children, abuse prevention, counselling and child participation, and gives pupils more opportunities to share their concerns and receive emotional support. Regular meetings between parents and school authorities contribute to increasing the schools' responsibility towards parents and the parents' knowledge of the academic success of their children. Such programmes have achieved considerable impact in committing parents, improving school attendance and even encouraging those who had dropped out to go back to school <sup>238</sup>. As peer pressure is one factor which

sometimes motivates students to leave school, it is encouraging to see that it can also work in the other direction.

Raising parents' awareness about the importance of schooling can include advice on school admission and legal issues, career guidance, provision of information, counselling or engaging them in adult learning. Parents' increased interest in the schooling of their children has been found in programmes on all continents to be an essential success factor for children's school attendance <sup>239</sup>. It increased not only the emotional encouragement parents provide to their children, but also their willingness to contribute to related costs. Some programmes establish a policy of cost-sharing which involves families paying part of the school fees or materials, which is challenging but also allows them to develop ownership and commitment <sup>240</sup>.

The progressive abolition of school fees and provision of free primary education by many governments, particularly in Africa, has allowed SOS programmes to reallocate resources towards supporting families and children in the community who are most at risk, in addition to introducing tailor-made support systems.

*"There is one teacher who likes telling us that we are orphans. It makes me sad" <sup>237</sup>.*

*(SOS Children's Villages programme participant in Nelspruit, South Africa)*



*All children have the right to free primary education. Wealthy countries should help others like Nepal achieve this right, as enjoyed at the SOS Hermann Gmeiner School in Itahari.*

<sup>235</sup> | Association Educational Centre for Families and Schools (2011: 22), <sup>236</sup> | Community Agency for Social Enquiry (2007: 42-43), Centre for Intercultural Communication (2011: 23-26), Association Educational Centre for Families and Schools (2011: 22-25), <sup>237</sup> | Community Agency for Social Enquiry (2007: 42-43)

<sup>238</sup> | Chikwaira, A. K. & Banda, Tomaida (2007: 17-20); Centre for Intercultural Communication (2011: 23-26), <sup>239</sup> | Metaj, Elida & Hoxhallari, Rozeta (2009: 26); MDF South Asia (2008: 43); Human Development Society (2007: 30-31); Chikwaira, A. K. & Banda, Tomaida (2007: 17-20), <sup>240</sup> | Centre for Intercultural Communication (2011: 23-26)



## Case Study

### Albania: Reduced school dropout through family strengthening in Sauk

“I would like to emphasize the importance of the individual educational assistance that is offered to our children. Due to this, and other kinds of support, my children have progressed a lot.” *(Parent participating in the Sauk family strengthening programme)*

*This case study shows how violence towards children was reduced in Albania through a combination of support and training in child rights.*

- **One in eight Albanians live in poverty**
- **40% of the population is under 25**
- **One in five Albanians work**<sup>241</sup>
- **12% of children under 14 are engaged in child labour,**<sup>242</sup>  
**mainly in the agricultural sector**
- **Social and political unrest in 1991 destroyed a lot of infrastructure, including schools. Public expenditure in education is the lowest in South-eastern Europe, at 3.25%**<sup>243</sup>

**The difficulties faced by poor families in taking care of their children are compounded by the lack of basic educational and health care services.** Albania's school system suffers from poor infrastructure, rural-urban disparities, out-dated curricula and poorly-qualified teachers. The overburdened and under-resourced system contributes to school dropout, especially among children with learning difficulties. Enrolment is particularly low among marginalized groups such as Roma and children with disabilities.

Sauk is a small community south east of the capital Tirana, where 170 parents with 232 children – who were at risk of being abandoned – were supported to encourage children's schooling and prevent dropout. **Material and financial support was provided in addition to educational assistance for children with learning difficulties,** according to their specific needs. The progress of children's school achievements is closely followed and supported, as well as their health and emotional status. Training courses on parenting skills and child rights are offered, as well as individual family counselling, and joint child-parent leisure activities are organised.

Parents have learned more about their roles and responsibilities, their children's needs and the importance of their children's education. **As a result 63% of children say that their parents have stopped the use of violent disciplinary measures**<sup>244</sup>. A remaining challenge is to involve more fathers in the programme's activities.

**Families' incomes and economic independence have improved through providing material support,** vocational training for women and employment assistance in cooperation with the regional employment office. **95% of participating parents reported that their housing and living conditions had improved**<sup>245</sup>; this in turn contributes to keeping children in school.

<sup>241</sup> | UNICEF; <http://www.unicef.org/albania/overview.html>, <sup>242</sup> | UNICEF (2005), [http://www.childinfo.org/labour\\_countrydata.php](http://www.childinfo.org/labour_countrydata.php), <sup>243</sup> | United Nations (2007), MDGs in Albania, <http://www.un.org.al>, <sup>244</sup> | Metaj, Elida & Hoxhallari, Rozeta (2009: 17), <sup>245</sup> | Metaj, Elida & Hoxhallari, Rozeta (2009: 39)



Albanian parents have been empowered by training and their children are less likely to drop out of school as a result.

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*The school dropout rate among participating children has also decreased. **95% of surveyed children attend school** regularly and receive help from family members and educational assistants, and **60% have improved their school results** <sup>246</sup>.*

*The **local government is a strong supporter of the SOS Children's Villages programme** and values the programme's professionalism.*

## Comprehensive learning environments

An optimal learning environment gives a child sufficient time and support to learn, which is manifestly linked to attendance and performance. With the assistance of SOS Children's Villages, schools in Africa and Central Eastern Europe created community-based resource centres where students and community members could study. These centres typically include a library and tutor support. They help increase education awareness among the wider community. Children with learning difficulties or those whose parents are poorly educated are specifically targeted <sup>247</sup>.

SOS Children's Villages programmes have successfully partnered with public schools in introducing psycho-social issues – such as HIV/AIDS prevention, social skills, communication and conflict resolution and life skills training – into curricula. Where curricula are not adaptable, non-formal

education programmes also complement formal education. Analysing the gaps in the formal educational system and providing alternative methods for those who are socially vulnerable or excluded reduces school dropout rates. The programmes provide training on child rights, life skills and social competence.

*Some children did not attend extra-curricular activities because the lack of identity cards was a source of worry to them* <sup>248</sup>. (SOS Programme Evaluation, Sri Lanka)

To prepare school graduates for the labour market, SOS Children's Villages partner with tertiary education and vocational training institutions, public agencies and private companies to ensure that children from poorer and marginalised families have access to vocational education.

<sup>246</sup> | Metaj, Elida & Hoxhallari, Rozeta (2009: 17), <sup>247</sup> | Cojocar, Stefan et al. (2007: 5); International Institute for Research & Development (2008: 64-73)

<sup>248</sup> | MDF South Asia (2008: 13-17)

## 4.3. | CALL TO ACTION – WHAT CAN BE DONE NOW TO KEEP SCHOOLS OPEN TO VULNERABLE CHILDREN IN 2013

**Affordable education and preventing school dropout break the poverty cycle:** Education requires more resources and attention to quality. More attention is required to provide access for girls, the poor, socially marginalised, rural dwellers, ethnic minorities, the disabled and those with special needs.

- **Targeted investment in early childhood education programmes** is essential as a foundation for school performance and improving the life chances of children from disadvantaged households.
- A policy framework is needed to approach education beyond academic qualifications as a way to motivate children to see themselves as **resourceful and unique human beings** who can shape their own destinies.
- Measures are required to encourage the educational system to **attend to the particular needs of vulnerable families**. This involves the training of school representatives and teachers, and encouraging the participation of children and parents in school affairs.

- States should work to **improve existing curricula**. States should dedicate resources to **non-formal education programmes** to achieve a holistic and inclusive approach to education to respond to the needs of vulnerable and excluded children.
- **Ending child labour** can only be achieved through a combined and targeted approach by governments, educational institutions, companies and other stakeholders. The focus must be to enable children to **concentrate on their learning and development**.
- It is essential to **support families** and communities in **creating child-friendly and well-supported learning environments**, especially for children with learning difficulties lacking adequate support in the home. Tailor-made programmes are required to raise awareness of the importance of schooling and to enable parents with low-education backgrounds to support their children's education.



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### THIS MUST BE DONE:

**Expand the availability of infrastructure (build schools), educate parents to send their children to school, strengthen the economic power of parents to support their children and their schooling. Firstly, it's the responsibility of the Burkina Faso government and then the parents and the international community.**

*(SOS Children's Villages Family Survey 2011, Burkina Faso)*



## 05 | PARENTAL CARE – A CASUALTY OF ECONOMICS





## 5.1 | THE CHALLENGE: WORK, STRESS AND LACK OF COMMUNITY SUPPORT

**The economic crisis** has severely affected parents' caring and coping abilities. Inadequate living conditions and the struggle for economic survival create stress and despair, often furthering conflict and, too often, a combination of depression, alcoholism, neglect, exploitation or violence. An increasing work-life imbalance is squeezing parents' abilities to devote time to their children. Labour migration and other factors separate families and weaken their cohesion and resistance.

“One local NGO working with HIV supplied medicines for my boy and me. We took them, but I was just waiting for my dying moment. Drunkenly waiting for it. My girls were suffering, my husband was suffering, my boy was frightened and needed his mother and I couldn't see any of that [...] I would've been satisfied just with the food and hygiene packages we get and occasional second-hand clothes, but Lela [SOS team member] insisted on family development as well. Why, I thought? What's the point? Lela consoled and supported me. She counselled me and constantly pushed me to be an active parent. It dawned on me then. If this woman, if this almost stranger could care so much for my family, why the heck wasn't I doing the same<sup>249</sup>?” (Lamzira, mother of 3 and Family Strengthening Programme participant from Georgia)

*“I have learned to talk to my children. Before, I just beat them when they did not perform their chores. I learned to talk and to hug, frankly speaking; I did not know what that meant to people<sup>250</sup>.”*  
(Josineide, Family Strengthening Programme participant from Brazil)

*Poverty is reducing the adult's capacity to take care of children. (SOS Children's Villages Family Survey 2011, Angola)*

Struggling for the basics with inadequate support puts tremendous pressure on families and undermines parents' caring and coping abilities. Governments have a clear responsibility to support parents in their caregiving responsibility and to guarantee the rights of their children.

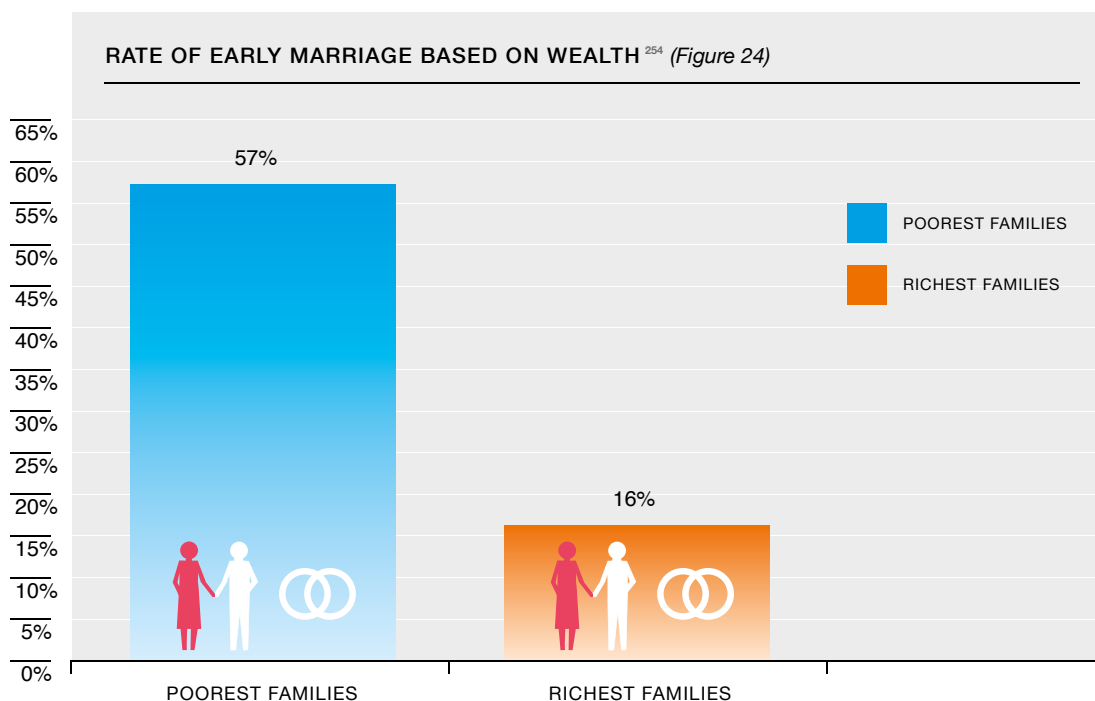


Figure 24:  
Comparison between  
girls from poorest and  
richest families in terms  
of marriage. <sup>254</sup>

## Family poverty makes children vulnerable

*Limited access to information and low literacy result in a weak capacity of families on key child development issues. They lack appropriate knowledge on how to protect children and respect their rights. (SOS Children's Villages Family Survey 2011, Mozambique)*

A family environment offers a child protection, without which he or she is vulnerable to violence, abuse, neglect or exploitation.

Exposure to child trafficking and child labour stems from economic pressure. Children who become victims of trafficking or live on the streets often report inadequate living conditions and parental violence as important factors in running away from home <sup>252</sup>. A UN report associated the economic crisis and resulting deteriorating living conditions

with cases of child abandonment and increased referrals to child protection services, both in developed and developing countries <sup>253</sup>.

Of the girls who marry early, 57% come from the poorest households, in comparison with 16% from the richest <sup>254</sup>. Early marriage increases their vulnerability, as they are less likely to receive formal education, and more likely to become teenage mothers or experience sexual abuse.

Several studies indicate that poverty and the related inability to provide for their children may lead poor parents to place their children in alternative care <sup>255</sup>. Despite a lack of data, the link between poverty and alternative care placement of children is evident in many countries; in Azerbaijan, Georgia, Liberia, Sri Lanka and Zimbabwe, assessments found up to 30-40% of care admissions were due to parental poverty <sup>256</sup>.

## Supporting positive parenting

Children whose relationships with their caregivers are ones of comfort, encouragement, support and cooperation tend to develop secure attachment, curious and open personalities, greater social competence, empathy and the ability to build relationships <sup>257</sup>. Such relationships build resilience in adversity <sup>258</sup>; they can protect children in situations of vulnerability and risk such as chronic disease or poverty <sup>259</sup>, and reduce the impact of external stress factors <sup>260</sup>.

Studies show that the same effects are seen across different cultural contexts: Child-rearing styles characterised by affection, shared time, empathy, sensory stimulation, responsiveness and reasoning instead of punishment, all support a child's growth and cognitive development <sup>261</sup>. The consistent presence of at least one caring adult – not necessarily a parent, but also potentially a mentor or caregiver – is the most powerful predictor of resilience in children <sup>262</sup>.

<sup>251</sup> | SOS Children's Villages TPA ID 32391: Kenya, 2011, M. Peru, <sup>252</sup> | Dottridge (2008: 12–13.); SOS-RELAF (2010: 11–12), <sup>253</sup> | Hossain (2009) and Eurochild (2009), in: United Nations (2011: 57), <sup>254</sup> | UNICEF (2009c: 10, 26), <sup>255</sup> | Pinheiro (2006: 17), <sup>256</sup> | Williamson and Greenberg (2010: 8)

<sup>257</sup> | Bowlby (1973), longitudinal Minnesota study, which started in the mid-1970s (Sroufe, 2005), <sup>258</sup> | Masten & Coatsworth (1998), <sup>259</sup> | Laucht et al. (2000); Werner & Smith (1992), <sup>260</sup> | Patterson (2002) in: Bernhard von Leer Foundation (2009: 4), <sup>261</sup> | Zeitlin, M. F. et al, 'Social change and the family' in: Zeitlin, M. F. et al (1995) Development Report





Belinda, a 12-year-old girl, lives with her mother in a slum in Nairobi. Her one-room house is made of mud and scrap metal, about 10ft by 10ft (3m x 3m). When she walks to and from school, she is aware that she is in constant danger of being raped. Before she leaves, she prays together with her mum. This makes her feel secure and protected:  
 "I know nothing will happen to me after I pray with my mum. I close my eyes, we hold hands together [...] and I feel safe"<sup>251</sup>.

## Poverty leads to stress and depression

*A lack of good quality social services, where families get additional support in difficult circumstances and crisis, leaves the families in situations where they do not know how to tackle the problems faced. As a consequence, the situation in the family can deteriorate and often lead to family breakdown. (SOS Children's Villages Family Survey 2011, Uzbekistan)*

In poor families, stress takes many forms: The struggle to assure decent housing and nutrition for their children; worries about being able to pay bills; the search for income and the worry of losing a job; social pressure to perform well; chronic health problems due to insufficient nutrition, hygiene or healthcare, etc. Families can descend into a constant state of emergency and crisis, which undermines their stability.

Poor families with many children often live in overcrowded and inadequate conditions, which increases tension. Insufficient privacy and space fuel child-parent conflicts and lead to social-emotional, behavioural and school adjustment problems in children<sup>263</sup>. Such stress erodes the psycho-social capacity of parents to deal with their family situation. An increased risk of maternal depression in poor families leads mothers to neglect their children's nutrition or healthcare needs or apply insensitive and punitive parenting practices<sup>264</sup>.

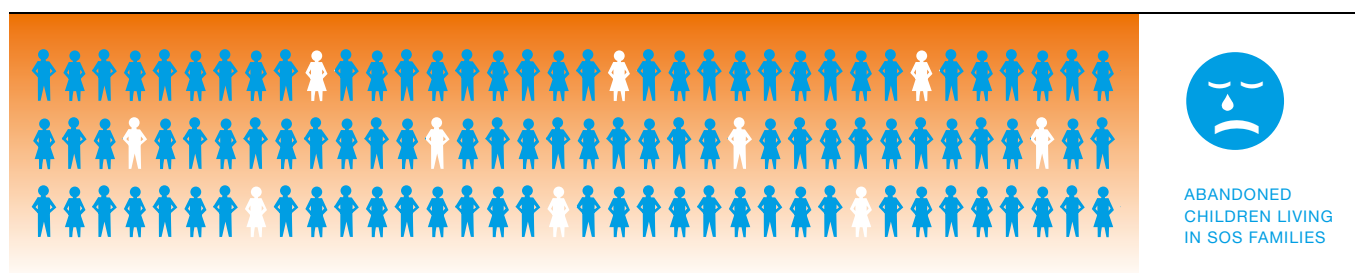
*"Always on the alert, we live a nervous life [...] sometimes we are angry at the children, I say [...] it is because of the life we have, isn't it? If suddenly we could live economically better, we wouldn't have such problems, so much thinking about [...] how we will manage [...] or what we will eat today"<sup>266</sup> [...] (Parent participating in Family Strengthening Programme, Uruguay)*

*"My mum would just sit by the window and cry. My little brother Chris was taking his first steps and he was walking sideways because his support was the coffee table instead of mum."* (Plamen, 15, participant in SOS Family Strengthening Programme, Bulgaria)<sup>265</sup>

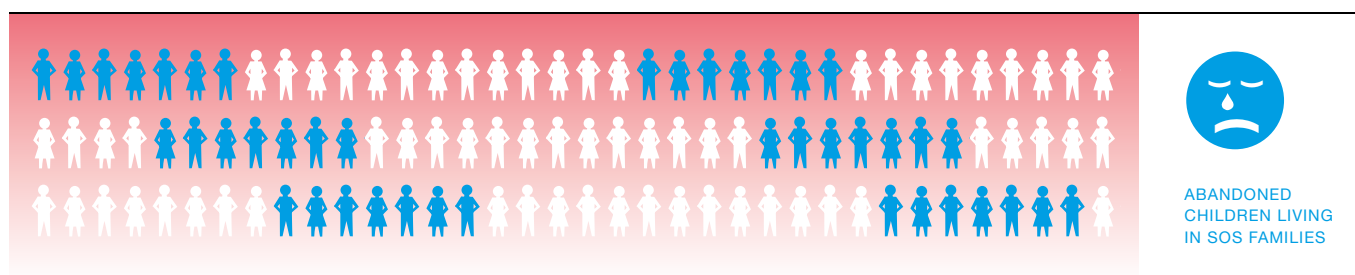
<sup>262</sup> | Werner & Smith (1992), <sup>263</sup> | Evans 2004, Evans et al. 1998, Wachs and Corapci 2003, in: Wachs, Theodore; in: Bernard van Leer Foundation (2009: 6), <sup>264</sup> | Wachs, Black and Engle 2009, Beeber et al. 2008, in Wachs, Theodore; in: Bernard van Leer Foundation

(2009: 5 - 6), <sup>265</sup> | SOS Children's Villages TPA ID 32389: Bulgaria, 2011, K. Ilievsk, <sup>266</sup> | Universidad de la República Facultad de Ciencias Sociales Departamento de Sociología (2007: 92)

IN EGYPT NINE OUT OF TEN CHILDREN WERE ABANDONED AFTER BEING BORN OUT OF WEDLOCK <sup>275</sup> (Figure 25)



IN SRI LANKA SEVEN OUT OF TWENTY CHILDREN WERE ABANDONED AFTER BEING BORN OUT OF WEDLOCK <sup>275</sup> (Figure 26)



## Single-headed families are under particular strain

*Without a regular job, mothers heading their family alone face limits in adequate care for their children. (SOS Children's Villages Family Survey 2011, Cape Verde)*

*A lot of biological parents are single parents. They have small social networks, often because of unemployment. It is not easy; they accumulate difficulties without social or familial support. (SOS Children's Villages Family Survey 2011, France)*

In difficult situations, families' resilience primarily depends on the quality of the relationship between parents and their children and the extent of support available through community networks <sup>267</sup>. Often poor families experience the opposite: The search for income tears them apart, constantly weakening their cohesion and their capacity for caring for one another.

Single mothers carry the double burden of child-care and work, often in poorly paid jobs, and children are sometimes required to contribute to family income. Children of single mothers are not necessarily poorer, as women are more likely to dedicate resources to their children and access care support <sup>268</sup>, and money earned abroad by migrating family members is also used to finance children's education <sup>269</sup>. However, women often have relatively limited access to education, income, community resources or power, which increases their vulnerability and lowers their

children's developmental chances <sup>270</sup>. Children in these families either have irregular contact with their fathers or – as in Africa, Asia and Latin America – rely on several 'social fathers' through ties of co-resident nuclear families <sup>271</sup>. Studies in various cultural contexts found the absence of a father impacts negatively on the educational achievements and protection of children; children with present fathers had lower rates of psycho-social problems, were happier and more self-confident <sup>272</sup>.

Young unmarried mothers can experience severe stigmatisation and cultural, economic and social pressure <sup>273</sup> to abandon their children, especially in parts of Asia, Africa, the Middle East and Latin America <sup>274</sup>. Children born out of wedlock are at higher risk of losing care.

*Girls growing up in single-mother households seem more likely to have an early pregnancy or a birth outside of marriage <sup>276</sup>.*

<sup>267</sup> | Einzig, in: Oates (2010: 8), <sup>268</sup> | Moore (1994: 7-11), <sup>269</sup> | UNDP (2009: 27, 74, 55), <sup>270</sup> | Moore (1994: 7-11); UN DESA (2011: 56), <sup>271</sup> | UN DESA (2011: 51), <sup>272</sup> | UN DESA (2011: 57-59), <sup>273</sup> | UNESCAP (2009: 43); Touré, Cheikhou (2008: 21);

Cojocar, Stefan (2008: 16), <sup>274</sup> | SOS-RELAF (2010: 11-12), Cerrutti and Binstock (2009: 52), <sup>275</sup> | SOS Children's Villages International (2005: 11), <sup>276</sup> | Ellis and others, 2003; McLanahan & Bumpass, 1988; in: UN DESA (2011: 59)



**Families are left alone with child rights issues. There is no budget or institution engaged in training families. Information has reached parents and caregivers in a distorted way.** *(SOS Children's Villages Family Survey 2011, Mexico).*

## A lack of community support networks worsens pressure

Poverty exacts a terrible toll on the psychological and emotional well-being of families; poor people often experience humiliation, despair, and a sense of shame and failure. This contributes to feelings of powerlessness and hopelessness, which in turn increases their vulnerability and undermines their belief in their ability to be 'good parents'. Living in chronic deprivation often leads them to focus on negatives rather than their potential and resources.

Poor parents are able to provide children with quality care and maintain stability if they can be optimistic, share with others and receive backing through resources in their immediate social context<sup>277</sup> such as neighbours, friends, relatives, schools, community organisations and services which improve their access to basic benefits and knowledge on child care. Therefore, the development and promotion of such social support networks is crucial. In reality, however, the stress factors at a family and household level are often worsened by the fact that poor families tend to be concentrated together in generally impoverished environments, characterised by high levels of social and environmental problems such as instability, violence and a lack of social services.<sup>278</sup>

In particular, single mothers and partners of migrant workers often rely on kinship and extended family networks for support and protection<sup>279</sup>, networks which are increasingly being eroded by modernisation, urbanisation, labour migration, demographic change or HIV/AIDS<sup>280</sup>. Where

the caring capacities of the extended family are over-stretched, children living with relatives, informal foster carers or step-parents are at a higher risk of domestic abuse, loss of property, sibling separation, child labour or emotional neglect<sup>281</sup>.

Where traditional support networks falter, poorer families are left to fend for themselves. The absence of support exacerbates family stress and feelings of powerlessness<sup>282</sup>, which in turn adversely affects the quality of child-rearing and subsequent child development. Children are most at risk in families with inadequate social support and a lack of surrounding social networks<sup>283</sup>.

Leaving families alone in raising and educating their children impedes children in reaching their full potential and can create negative long-term effects for society, such as high welfare and health system payments, crime rates or poor economic performance<sup>284</sup>. Where parents have little power over their living conditions and struggle to survive, there is a great need for society to empower pro-active parenting and invest in knowledge around child rights, child protection and parental skill-building for the inter-generational cycle of poverty to be broken. When empowered and supported through information, services, resources and support structures, the majority of parents can acquire the skills necessary to support the development of their children. The UN Guidelines for the Alternative Care of Children refer to such provisions as supportive social and family strengthening services and empowering youth policies<sup>285</sup>.

<sup>277</sup> | Zeitlin, Ghassemi and Mansour 1990; McKenry and Price 2005; Thoits 1995, in: Bernard van Leer Foundation (2009: 8, 11), <sup>278</sup> | Garbarino and Kostelny, 1992; Coulton et al., 1995 in Oates (2010: 10), <sup>279</sup> | Development Research Centre on Migration (2009: 24; 34), <sup>280</sup> | Pinheiro (2006: 8), <sup>281</sup> | Nascent R & D Organisation (2008: 41)

<sup>282</sup> | Torrado Pacheco, in: Bernard van Leer Foundation (2009: 11), <sup>283</sup> | Pinheiro (2006: 68) <sup>284</sup> | Barnett, 2008a; 2008b in: Woodhead, and Siraj Blatchford (2009: 7), <sup>285</sup> | SOS Children's Villages International, International Social Service (2010: 12)



## DOMESTIC VIOLENCE AGAINST CHILDREN AND/OR PARTNERS IS FOUND IN 20-60% OF HOUSEHOLDS <sup>286</sup> (Figure 27)

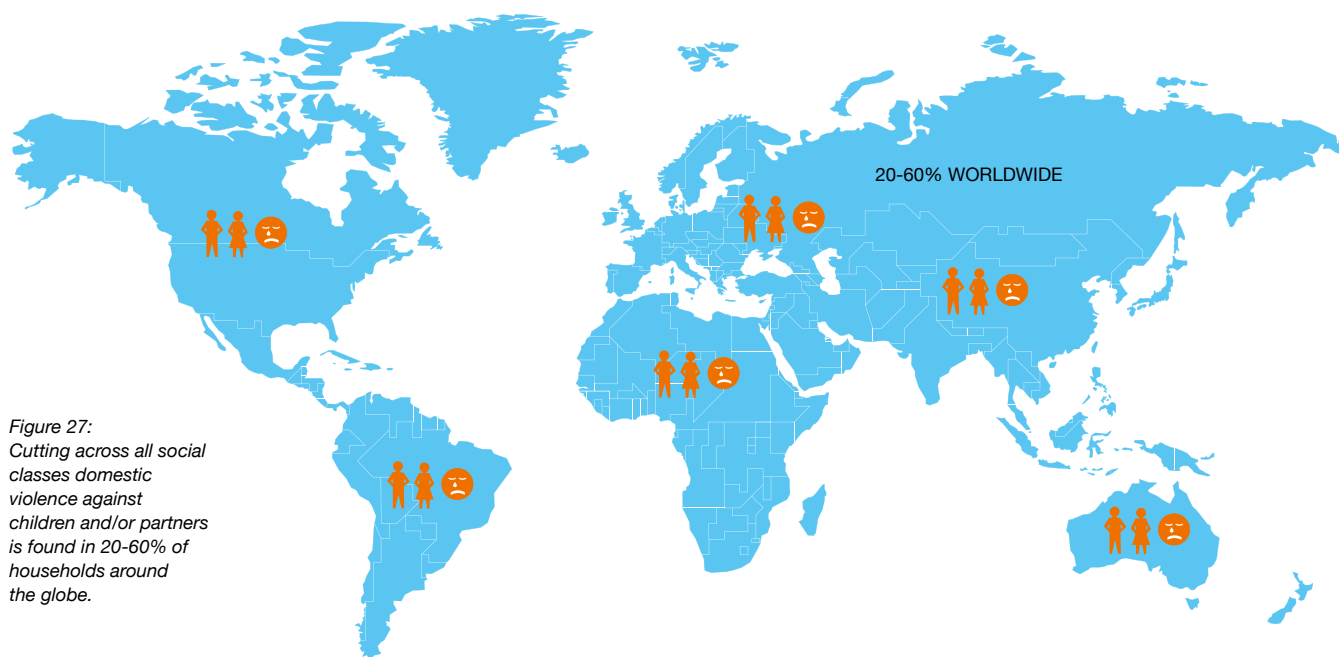


Figure 27:  
Cutting across all social classes domestic violence against children and/or partners is found in 20-60% of households around the globe.

*Alcohol abuse is especially fuelled by unemployment. (SOS Children's Villages Family Survey 2011, Namibia)*

Domestic violence against children and/or partners is found in 20-60% of households around the globe <sup>286</sup>, cutting across all social classes and cultural backgrounds. Many studies document the 'inter-generational cycle of abuse': parents' own experience of suffering violence during childhood makes them more likely to use violence towards their own children <sup>287</sup>. While there are many reasons for family violence, and it affects the wealthy as well as the poor, it is especially linked to problems such as poor housing conditions, permanent stress and conflict.

In industrialised countries, parents who live in poverty and lack education seem more likely to use corporal punishment in raising their children <sup>288</sup>. Women from poor households and with less formal education are also more likely to accept male beating <sup>289</sup>.

*SOS Children's Villages Child Right's Situation Analyses in Albania and Palestine found that reliance on beating is higher within poorer families <sup>326</sup>.*

*Men who are stressed or ashamed as a result of unemployment have higher rates of alcohol abuse and are almost 50% more likely to be violent towards their partner (UN DESA) <sup>290</sup>.*

*Men who lose their bread-winner status through unemployment feel powerless, take refuge in alcohol and abandon their parental responsibilities <sup>291</sup>.*

*Even though there has been progress in the legal prohibition of corporal punishment, globally only 30, mainly European, states have achieved a full ban that includes the family home <sup>292</sup>.*

Children experiencing domestic violence are severely affected in their health and development. This can be manifested in any number of ways: problems of attachment, trauma, fear, anxiety, insecurity, shattered self-esteem, Post-Traumatic Stress Disorder or depression <sup>293</sup>. They face a higher likelihood of dropping out of school; they can encounter social difficulties and are likely to become victims of an 'intergenerational cycle of poverty and abuse'.

**"Alcoholism is one of the most frequent causes of domestic violence."**

*(SOS Children's Villages Family Survey 2011, Russia)*

<sup>286</sup> | UN DESA (2011: 57), <sup>287</sup> | Contreras et al, in: Bernhard van Leer (2011: 26); UNICEF (2009c: 36); Gilbert, Ruth, et al (2009: 68-81); Pinheiro (2006: 68), sub-chapter 'violence against children in the home and in the family', <sup>288</sup> | Finkelhor et al., 2005, in: Bernhard van Leer (2011: 8); UNICEF (2009c: 35, 36), <sup>289</sup> | UNICEF (2009c: 7-9), <sup>290</sup> | International Center

for Research on Women and Instituto Promundo (2010), in: UNDESA (2011: 22), <sup>291</sup> | Okwany (2007), in: Nascent Research and Development Organization (2008: 33); Tanga, Pius T., et al. (2008: 26); Instituto Análise (2008: 27), <sup>292</sup> | INGO Advisory Council (2011: 10-11). The southern countries with a full ban are Costa Rica, Kenya, South Sudan, Tunisia, Uruguay and Venezuela,



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“Elvira was two months old when the problems began. While I was at work, my wife would join my father in his drinking. I’d come home and find them both drunk. Elvira was crying, hungry and with her diaper unchanged. My wife kept finding excuses: She was just meaning to feed her, or she needed another pack of diapers, or she only had a few sips but wouldn’t do it anymore. I believed her: I was in love and wanted to keep a family together. Then one evening I came back home to find the two of them drunk again and my wife beating the baby because she wouldn’t stop crying<sup>294</sup>.”

*(Almir, 30, single father and Family Strengthening Programme participant in Bosnia Herzegovina)*

## Work pressure squeezes out time for children

Regardless of the economic status of families, increased work pressure leads parents to dedicate less time and attention to their children. There is a rising ‘family versus work’ conflict for both mothers and fathers<sup>295</sup>.

The increasing participation of women in the labour force contributes substantially to alleviating the economic burdens in poor households. However, traditional gender roles and social norms change slowly, and family policies are often not supportive<sup>296</sup>. Women continue to be predominantly responsible for both child-care and housework, and men make little use of available opportunities such as paternal leave<sup>297</sup>.

*Full-time jobs are often the only choice available to women, and there is a lack of day-care services for children younger than 3 years old. (SOS Children’s Villages Survey 2010, Hungary)*

States have not yet established sufficient publically subsidised child care services, especially for poorer families, workers in the informal sector and rural areas. It is important to guarantee working families access to quality childcare. There is a need to debate the compatibility of family life and job commitment, and to create more flexible working arrangements, adequate financial care compensation schemes and community support systems.<sup>298</sup>

The work-life balance of parents is a global concern, and there is a need for more research<sup>299</sup> – particularly in Africa and the Middle East.

“Parents have to work and earn a living all day: they have no time to take care for and educate their children.” *(SOS Children’s Villages Survey 2010, Vietnam)*

<sup>293</sup> | Pinheiro (2006: 63), sub-chapter ‘violence against children in the home and in the family’; Bernard van Leer Foundation (2009: 6), <sup>294</sup> | SOS Children’s Villages TPA ID 31023: Bosnia and Herzegovina, 2010, K. Ilievski, <sup>295</sup> | UN DESA (2011: 65), <sup>296</sup> | World Bank (2011:14); Marcela Cerrutti, Georgina Binstock (2009: 41-44)

<sup>297</sup> | UN DESA (2011: 53); The World Bank (2011: 88); Fursman and Collister (2009) in: UN DESA (2011: 66), <sup>298</sup> | World Bank (2011: 26-27, 222), <sup>299</sup> | Kim and Kim, 2004; Kusakabe, 2006; Sorj, 2004; Reddock and Bobb-Smith, 2008 in: UN DESA (2011: 66-67), <sup>326</sup> | Muca, Mirela et al (2009)

Even though there has been progress in the legal prohibition of corporal punishment, globally only 30, mainly European, states have achieved a full ban that includes the family home.<sup>292</sup>





## 5.2. | OUR RESPONSE: SUPPORTING QUALITY CARE

Strengthening caring family environments and supporting parents and communities in providing quality care to their children naturally lies at the heart of all SOS Children's Villages programmes. They seek to address and mitigate factors hampering parental capacity, as well as to build on and strengthen the assets each parent and family needs in order to overcome adverse situations, cope with life independently and build a loving and caring family environment. This is addressed on various levels:

- **Supporting and providing for parents and care-givers** to help them develop the attitudes, knowledge, skills and capacities required to create a positive family environment and quality care for children.
- **Supporting and providing activities for children** to help strengthen self-confidence and family communication and give them knowledge about their rights and responsibilities.

- **Supporting families** in spending time together, getting to know each other and improving their relationships.
- **Supporting all stakeholders** in developing the resources necessary to protect and care for the individual needs of children.
- **Influencing social, cultural, economic and legislative frameworks** at the community and state level to provide parents and caregivers with what is necessary to provide stable and caring relationships.

---

We train families to increase their motivation for participating in the development process of their children and to enhance their opportunities in relating with them.

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*(SOS Children's Villages Family Survey 2011, Ecuador)*

### Quality care in a loving family environment empowers children

SOS Children's Villages believes that any understanding of 'quality' care must be based on a child development perspective<sup>300</sup>. In accordance with the UN Convention on the Rights of the Child, SOS Children's Villages believes that children's development is best realised in a caring family environment, involving children as agents of their own development, making decisions in their best interests, respecting their rights, etc.

Supported by strong social networks, families can help children to develop to their full potential.

*The families and communities hold the key to effectively addressing their situation. They can find the best solutions for the protection and care of their own children and they have the capacity to bring them into reality. We can only support them to make it happen.*

*(SOS Children's Villages Community Development Advisor, Southern Africa)*<sup>301</sup>

*Girls in SOS Children's  
Village in Manaus/Brazil.*



01

02

03

04

05

## Strengthening families' individual caring and coping capacities

*“The majority of foster parents have responded very positively. As a civil society organisation, we are seen by parents as having some distance from the child and youth welfare services, which allows us to establish a higher degree of trust and partnership with them, and leads to good results for children in care”<sup>303</sup>.*

*(Psychologist, Foster Parents Service, SOS Children's Villages Moosburg, Austria)*

*We support parents and children in improving family ties, child protection and child rights, and support child participation in decision-making through child clubs. (SOS Children's Villages Family Survey 2011, Sri Lanka)*

Training and counselling enable families to discuss and address their risk and stress factors, such as unemployment, economic strains, illiteracy, educational weakness, sickness or disability, conflicts, personal crises, psychological disposition, domestic violence, alcoholism or drug misuse.

*"Julia's drinking lasted for another four days [...] we took 2-year-old Vadim into care. After that we went to the doctor together as she had no courage to do this on her own. When it was sure that Julia could be sober, Vadim was returned to his mother. She attended Alcoholics Anonymous,*

*but she told us that she benefitted more from our parental club, where she picked up parental skills”<sup>302</sup>.* (Julia Sergeyeva, social worker, SOS Children's Villages Estonia)

The underlying strengths of each family are made visible and supported. A resource-oriented approach looks at interpersonal relations, communication patterns, potential areas of conflict, problem-solving and social support. Everybody is listened to and valued. In general, family skill-building programmes result in better intra-family communication and relations, positive conflict-resolution, the application of positive discipline in child-rearing, a decrease in family violence, increased self-esteem (especially among mothers), higher self-motivation among family members, more time spent together and better family management skills.



**Participating families are trained in the pedagogy of tenderness and positive education, and they participate in sports, cultural, and other activities where they learn about teamwork.**

*(SOS Children's Villages Family Survey 2011, Mexico)*

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## Case Study

### Austria: Supporting foster families in Carinthia

*This case study shows how the mentoring of Austrian foster parents provided the confidence needed to care for children with various psycho-social needs.*

- **In Austria around one million people live below the national poverty line**
- **The poverty rate is higher among children than in the general population<sup>304</sup>.**
- **20,000 couples divorce annually in Austria.**
- **175,000 children were living with single carers in 2009 – the majority were mothers<sup>305</sup>. Over 11,000 children live in some form of alternative child care<sup>306</sup>, nearly 40% of them in foster families, in many cases for longer than five years.**

SOS Children's Villages Austria offers **counselling, support and skill-building to strengthen families in crisis**. In 2002, the province of Carinthia realised that its foster care system had little infrastructure in place to guide the 300 foster parents in the region and monitor the quality of the care given. The local government approached SOS Children's Villages as an experienced partner to initiate a programme in setting quality standards and providing guidance to foster families.

At present, the Foster Parents Service guides and mentors almost 100 foster families. The families either make contact directly or are referred by local child and youth welfare services. The service aims to strengthen foster parents' parenting and coping skills. Foster children often come from a difficult social background with specific psycho-social needs; many experience bonding problems after a series of different care placements. Social workers and psychologists advise families and help them in documenting a child's development and **identifying the child's additional support needs**. The programme provides obligatory annual training in child care for foster parents. Frequent talks are held between foster parents and psychologists, who also offer professional mediation between the foster family and the child's family of origin.

Since 2010, the service has included **emergency foster care for babies and young children in psycho-social emergency** and crisis situations, provided by five specifically trained emergency foster families. The crisis placement lasts between eight and twelve weeks before long-term and sustainable care solutions for the children are found.

Every foster family has one support person to rely upon. The families feel confident and informed in their child-rearing. **The number of participating foster families is constantly rising**, and the service has led to better outcomes and quality support for the children in care.

<sup>304</sup> | EU-SILC 2009, Statistik Austria, in: Bundesministerium für Arbeit, Soziales und Konsumentenschutz (2010). The poverty line is 60% of the median-per-capita-household income, <sup>305</sup> | Annual yearbook (2008) and family- and household statistics (2009) in: Austrian Institute for Family Studies (2009: 7, 11)



In many countries, social assistance work has traditionally focused on providing social benefits and material assistance, and workers in the social welfare system therefore need to be trained in a new participatory approach to working with and empowering families.

Social work training curricula sometimes require improvement regarding their working methods, the complexity of problems families face, and new forms of multi-disciplinary cooperation. An individualised approach is also more resource-intensive and might require additional staffing.

SOS Children's Villages programmes use family development planning as a structured tool to support the self-reliance of families and engage them in their own development. Assisted by social or community workers, families set their own goals, look at each family member's needs and priorities, document progress, and record and coordinate different types of support they receive. These plans enable participating families to take their own personal and household decisions, despite on-going external support, and progressively decrease family vulnerability.

## High-risk families are especially difficult to reach and motivate

*"I understood that it is not the child who is responsible for the difficulties, but we all together have come to this situation. Now I know that I can tell my children a lot of things – well, how we are doing and so on. I feel there is some trust between us now"<sup>307</sup>. (Parent participating in SOS programme, Valmiera, Latvia)*

While improvements are visible, even for families with very limited capacity, some are unmotivated and difficult to work with. Many are 'high-risk' families, typically lacking employment, who suffer psychological problems and have deficits in life skills or social relations.

*More than two-thirds of high-risk families have difficulties in relationships with their children. They lack parenting skills, and are in regular conflict and disagreement with their children. In half of the families, at least one care-giver has a problem with alcohol abuse. (From interviews with SOS programme participants in urban Latvia)<sup>308</sup>*

Such high-risk families may easily develop dependency and find the goal of becoming self-reliant in the care of their children to be too ambitious. Further, when caregivers are unwilling, it becomes more difficult to work with and support their children. When working with these families it is

important to make a good assessment of the multiple and interrelated challenges they are facing, and to make a careful joint determination of the process toward self-reliance, to set goals in a focused and step-by-step way, and to use techniques such as motivational interviewing.

A programme evaluation in Latvia looked at factors that define high-risk families, finding that<sup>309</sup>:

- Caregivers are unable to identify the severity of their situation, or they lack the self-esteem and hope to seek or accept support.
- Families are located in remote or under-resourced areas outside the reach of supportive institutions and fall through the nets of diagnostic social worker visits.
- The community or specialists who deal with the family (kindergarten or school teachers, social workers, etc.) fail to recognise signs that support is required (e.g., child neglect, family violence).
- Social isolation from neighbours, relatives and friends creates a barrier to the provision of information or advice about seeking assistance.



*Fun restored – the empowerment of their mothers reflects positively on Peruvian children.*

© Fernando Espinoza



## Case Study

### Peru: Strengthening parental skills

The most important factor for the awareness of prosperity is self-esteem: believe that you can do it, that you deserve it, that you will reach it.

*(SOS Children's Villages programme responsible Peru)*

*This case study shows how attitudes to child abuse can be changed in Peru.*

Communities on the periphery of the Peruvian cities of **Lima, Cusco, Junín, Arequipa and Lambayeque** are characterised by **concentrated poverty, social exclusion and cultural diversity** as much of the population was internally displaced by the **political violence** which took place in Peru **from the 1970s to the 1990s**. A third of those living there have no direct access to drinking water. Two thirds have no regular access to electricity<sup>310</sup>. Almost half of the houses have no sewerage.

**Family disintegration and child abandonment** abounds as a result of unemployment, psycho-social problems, drug abuse, sexual and domestic violence and the prevalence of gangs.

The programmes are based on the **protection and integral development of children** and the development and **empowerment of women, family and community**. Services offered to children up to 8 years of age include day-care, health, nutrition and educational support, and aim to address deficits in service provision by the state. More than 186 community households have been registered with the programme within the last three years<sup>311</sup>, led by family committees with elected parent representatives. These family committees represent a leadership structure within the community. Representatives are appointed by families to take responsibility for joint decision-making in the programme. They organise **training and campaigns to inform the community**, on issues related to matters such as health, education or parenting; in addition they work to achieve change at the local government level.

Activities targeting women (literacy courses, training on finding work, sexual and reproductive health workshops, and group work on personal development and human rights) result not only in increased self-esteem and paid employment, but also in the **improvement of parental skills**. Mothers become more aware of their own importance and all women who have been in the programme for two years or more have started, despite increased work responsibility, to undertake **more joint leisure time activities with their children**<sup>312</sup>. Furthermore, parents express overwhelming satisfaction with their children's improvement in areas such as nutrition, health and schooling, but equally they **appreciate the children's improved personal independence and responsibility**<sup>313</sup>.

Within the first year of programme participation **family conflicts actually increase** by an average of 30% **due to changed family roles** and women having come to know their rights. **Training on dialogue-oriented conflict resolution is important**. Conflicts then decrease, and after five years of participation all families indicate that they 'rarely' have conflicts<sup>314</sup>.

310 | Households national survey on life and poverty / Encuestanacional de hogares ENAHO (2005), National Statistics Institute INEI, in: Herrera Castañeda, Mabel (2007: 20), 311 | Herrera Castañeda, Mabel (2007: 94), 312 | Herrera Castañeda, Mabel (2007: 35), 313 | Herrera Castañeda, Mabel (2007: 38), 314 | SOS Children's Villages International Continental Office Latin America (2007: 21)

*While women participating for more than two years in the programmes less frequently use corporal punishment as a disciplinary measure, they still do so to a certain degree.*

*The **use of physical violence is closely tied to chronic poverty and a low level of parental education**<sup>315</sup>, which require additional, specific interventions. The community control and protection mechanisms of the family committees are helpful.*

*Asked about the personal benefits of their participation, **94% of the mothers cited the significant improvement of the relationship with their children** as most important, followed by their own personal development (88%) and better home organisation (86%) which allowed them to improve their work performance<sup>316</sup>. 40% of participating families are female-headed; around 60% of the women live with the fathers of their children. **Their participation increased their desire for men to participate more in child-rearing.***

*Case studies of single participating women show that their personal and professional development, **independence and satisfaction are positively impacting on their children's development**, schooling and personality. Also, the increasing recognition and participation of women in the community and resulting self-esteem have a positive impact on their relationships with their partner and children<sup>317</sup>. The programme shows that **the improvement of parental skills** is a result of many interlinked factors such as the personal development of parents, their relationship as a couple, their educational level and working conditions, their family income and household organisation<sup>318</sup>.*

## The lack of social networks must be addressed

*"The family committees taught us to live in community and collaboration. We met in homes and spoke of our problems, not only about money but about real problems, how we could help each other. We sat together and decided how to go ahead: this has strengthened us more."  
(Mother participating in SOS Children's Villages programme in Potosi, Bolivia)<sup>319</sup>*

Social networks are essential protective factors in difficult situations both at the family and community levels. A sustainable change in the situation of families requires the commitment of the community and the creation of lasting social support networks. If networks are weak and communities indifferent, this leads to a failure to address the needs of children and families, resulting in a low degree in reporting incidences of violence and a lack of commitment among responsible institutional or community officials – which all has a negative impact on community cohesion, child safety and well-being.

Approaches to supporting community networks depend on the socio-cultural context. Where traditional

community protection networks still exist, programme evaluations demonstrate that even in a modern urban environment, community commitment and mutual support can be increased. This can work through the establishment of self-help groups, the involvement of volunteers and the creation of neighbourhood networks, community actions or citizen advocacy. Such responses are even more appreciated when individual families feel isolated with their problems, as is frequently the case in urban settings. These programmes help to tear down social barriers.

Regardless of whether the context is urban or rural, developed or developing, most families appreciate community-sharing and social-network building. Evaluation found that participating families were willing to share their experience and knowledge with other families and positively respond to self-help groups and self-organised community networks. For example, while single mothers in a programme in Belarus felt they did not yet have the skills and motivation for independent decision-making, they also underlined the importance of creating opportunities aimed at supporting each other in solving family problems<sup>320</sup>.

<sup>315</sup> | Herrera Castañeda, Mabel (2007: 31-34), <sup>316</sup> | Herrera Castañeda, Mabel (2007: 79), <sup>317</sup> | Herrera Castañeda, Mabel (2007: 110)

<sup>318</sup> | Herrera Castañeda, Mabel (2007: 90), <sup>319</sup> | SOS Children's Villages Bolivia (2007: 90), <sup>320</sup> | Yanchuk, Vladimir A. et al. (2007: 47)

## Case Study

### Bangladesh: Positive parenting in Dhaka

“Because of the Child Protection Policy we are able to share our opinions freely. We are not facing any punishment, which is good.” *(Boy living in an SOS family in the capital Dhaka)*



© Alexander Gabriel

*This case study deals with raising awareness of child abuse and developing measures to fight against it.*

Although Bangladesh was one of the first countries to have ratified the Convention on the Rights of the Child and the government is continuously working to **improve the child rights** situation, the number of **reports of violence has been increasing significantly**. Police and the courts apply ‘safe custody’ and keep children in jail unnecessarily<sup>321</sup>. Domestic disputes take place frequently, but remain the most under-reported crime<sup>322</sup>. Two-thirds of girls are married before age 18<sup>323</sup> and often exposed to violent behaviour. Studies among women in Bangladesh found behavioural problems of children in violent households such as **bed-wetting, nightmares, aggression or timidity**<sup>324</sup>.

Most of the **1,099 children** who are currently growing up in SOS families in Bangladesh had experienced violence, neglect and trauma in the past. A caring and protective environment is created and maintained to support the children **in coming to terms with their past** and in **developing resilience and confidence for the future**.

The initial step was to **raise awareness of child abuse**. The SOS Children’s Villages International Child Protection Policy was translated into the local language and child protection workshops and trainings were (and continue to be) conducted regularly. They aim at sensitising not only caregivers, but all employees and the children themselves, who highly appreciate learning about their rights: ‘I like the fact that I now know more about children’s rights. This will make it easier to recognise if my rights are violated’<sup>325</sup>.

Drama, film, essays and debate competitions bring the topic of child protection to children and young people in an understandable and entertaining form. Clubs exclusively for girls, who are especially vulnerable in Bangladesh’s patrimonial social structures, offer a platform for debate and counselling. A ‘**Code of Conduct**’ has been developed and signed by mothers, teachers and other employees, **intending to foster respectful and dignified conduct towards children and to keep them safe from any kind of abusive behaviour**.

<sup>321</sup> | Pinheiro (2006: 192), <sup>322</sup> | UNITED NATIONS (2005: 62), <sup>323</sup> | Pinheiro (2006: 59), <sup>324</sup> | Pinheiro (2006: 64),  
<sup>325</sup> | SOS Children’s Villages International (2008: 21)





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Besides awareness-raising and prevention, **reporting of and responding to abuse** is enabled through several 'Child Protection Teams' at the national and programme levels throughout the country. These teams consist of trusted persons elected by children and young people and play an active role in responding quickly to any kind of information regarding child abuse. Other complaint mechanisms that are easily accessible for children, such as **complaint boxes** and **child helplines**, are established and publicised.

**Violence and corporal punishment against children** exist throughout Bangladesh and **are widely seen as ordinary**. The mind-set regarding child rights needs to change, and this takes time and patience. In particular, teachers initially complained that some children would take advantage of the change in discipline through increased disobedience, and that more guidance in working with difficult children was required. Some employees experienced difficulties in openly discussing delicate subjects but felt progressively more comfortable and at ease.

**They changed their attitudes towards children and learned concepts of violence-free upbringing**, such as positive discipline. Children are now aware of their rights and can actively claim them. **Their voices are heard**: the experience SOS Children's Villages has gained during recent years has been shared with other NGOs and stakeholders.

## 5.3. | CALL TO ACTION – WHAT CAN BE DONE NOW TO ENSURE PARENTAL CARE IS NOT A CASUALTY OF THE ECONOMIC CRISIS IN 2013

A holistic approach is required to adequately support parents and provide them with the necessary conditions, attitudes, capacities and tools they need to provide a secure and loving environment and quality care for their children.

- Recognising the severe impact of poverty and the resulting stress on parental care capacity, national policies should put specific emphasis on developing and implementing **appropriate support structures**, measures and services preventing child abandonment and family separation, as set forth in the UN Guidelines for the Alternative Care of Children.
- Central and local authorities should promote the development of **neighbourhood and community social support networks** for poor and marginalised families and set measures for making their environments child-friendly and safe, furthering their access to necessary infrastructure and their social and economic integration.
- Governments must provide adequate **policy framework and support** measures to address the situation of single-headed families, in particular teenage mothers, and assure their access to economic and social resources, skill-building and participation.
- Governments and employers must respond to insufficiencies in **parental work-life balance**. The compatibility of family life and employment must be addressed through financial and community support systems, flexible working arrangements, research and the establishment of publicly subsidised quality childcare services. Particular attention has to be paid to low income families, single carers, workers in the informal sector, rural areas and urban slums.
- States should commit to the legal **prohibition of all corporal punishment** and establish measures to protect children from domestic violence and neglect, in addition to the promotion of positive parenting and addressing social and cultural practices that have a negative impact on the rights and well-being of children and women.
- Social work and assistance need to adopt a **participatory, individualised, resource-oriented and holistic approach** to working with and empowering families. Employees must receive adequate training and resources for implementing quality support and comprehensive capacity-building measures. Special attention should be paid to high-risk families likely to fall through the nets of supportive institutions.



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**There is a need for more law enforcement, information dissemination and capacity building for parents around child's rights and child protection.**

*(SOS Children's Villages Family Survey 2011, Indonesia)*

# APPENDIX | REFERENCES

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## Glossary

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### **Alternative child care**

This term refers to formal or informal care arrangements where a child is looked after, night and day, by a care giver other than his/her parents.

### **Capacity Building (skill-building)**

In the SOS Children's Villages Programme, capacity-building (or skill-building) is about helping parents and carers to learn everything they need to know to self-reliantly and adequately care for and protect their children. Communities in which these families live are assisted to develop the necessary supportive systems and structures. Techniques include training, coaching and mentoring in the areas of care, health and education.

### **Caring family environment**

In the SOS Children's Villages Programme, a caring family environment is one where a child can form reliable, supportive and lasting relationships with his/her parents or other care-givers and siblings. The child's full development, emotional and physical well-being is promoted and supported with due participation of the child. A caring family environment is a secure base from which children and young people can take steps to become self-supporting and fulfil his/her potential as contributing member in society.

### **Child-centred education**

Child-centred education focuses on the principle that all children have a right to an education that assists their full and optimal growth and development. Child-centred education therefore attends to the unique needs of each child and involves children as active participants in their own development, considering their proposal in planning and implementing educational practice.

### **Child development**

Child development is a child's growth on many levels: physical, emotional, intellectual, social, cultural and spiritual.

### **Child rights situation analysis (CRSA)**

This is an assessment of the situation of children in a particular country. It includes the legal, social, economic, cultural and political factors in a country that impact on children's rights, describes factors that make children vulnerable and identifies who it is that can take action to improve the situation for children at risk. SOS Children's Villages in each country focuses on children without parental care or at risk of losing it, and plans its programmes based on a CRSA.

### **Children without parental care**

Children without parental care are children who cannot live with at least one of their parents. This may be either because their parents are deceased or because they are unable or unwilling (whatever the reason or circumstances) to look after them. Children at risk of losing parental care are those living in the parental home, but where risk factors limit the capacity of the parents to provide appropriate, nurturing and secure care.

### **Community based**

'Community based' refers to any self-initiative within a community to work together to provide services and support for people in the community. The SOS Children's Villages Programme includes support to community-based groups and initiatives which allow families to stay together and provide quality care for their children. Community-based initiatives are as far as possible resourced, implemented and monitored by community members. SOS Children's Villages helps communities so that they can help families.

### **Family-based care**

Family-based care is a form of alternative child care which generally takes place within an existing family and includes care arrangements such as foster care, SOS families and care by extended family members.



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## Glossary

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### Family strengthening

In order to support families in providing a loving, stable and safe environment and to prevent their separation, an SOS Children's Villages Programme sets measures to strengthen the capacity of a family to provide quality care for their children. In each family strengthening programme, SOS Children's Villages works together with local partners and community organizations. Family strengthening includes both direct capacity-building work with families as well as supporting a community to provide supportive services to families.

### Migration

Migration refers to the movement of people from one place to another to live there, either permanently or temporary. People migrate for many purposes such as fleeing political or religious oppression, poverty or climate change; seeking safety from conflict or natural disasters, or searching for better jobs, livelihoods, educational opportunities, living standards or social security. When migration takes place within a country (e.g. from one town or region to another) it is called 'internal', migration between countries is called 'international migration'. This report focuses on economic migration or labour migration, where people migrate voluntarily in search for work or economic opportunities.

### Millennium Development Goals (MDGs)

In 2000, world leaders committed their countries to a new global partnership to reduce extreme poverty by adopting the United Nations Millennium Declaration. This set out eight time-bound goals with a deadline of 2015, called Millennium Development Goals (MDGs). The eight MDGs range from halving extreme poverty to halting the spread of HIV/AIDS and providing universal primary education. The MDGs offer a guiding agenda for all nations and development actors in meeting the needs of the world's poorest. A 2010 MDG review summit adjusted the action plan to meet the goals by the agreed deadline of 2015.

### Non-profit organisations

An organisation or association that undertakes activities for the benefit of the general public or specific groups in need of support, without a profit motive. It exists for educational, developmental or other charitable reasons and shareholders do not benefit financially. Non-governmental organisations are non-profit organisations which are independent from state interests.

### Official Development Assistance (ODA)

Official development assistance (ODA) is a term created by the Development Assistance Committee of the Organization for Economic Co-operation and Development (OECD) to measure international aid flows into developing countries

### Parents

Biological or adoptive parents, or other persons with legal parental responsibility for the child.

### Preventive health education

Any learning intervention to help individuals and communities to improve their health, by increasing their knowledge and skills or influencing their attitudes and behaviour related to preventing them from becoming ill.

### Programme evaluation

A systematic and objective assessment of an ongoing or completed development initiative, according to agreed standards and objectives; for the purpose of financial and performance accountability, resource and impact optimization and improving outcome through experience. In SOS Children's Villages programme evaluations, special attention is given to assessing change and lessons learnt as viewed by programme participants and local stakeholders.

### Programme participant

A child, family member, or community member who participates in an SOS Children's Villages Programme or benefits from programme interventions or outcomes.

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## Glossary

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### **Psycho-social support**

Psycho-social support focuses on emotional and social well-being of a person. It helps children and other family members to overcome trauma which might prevent them from leading a normal life, to deal with daily challenges and build their confidence so that they might have positive relationships with others.

### **Social Services**

All services provided by a government that seeks to improve the quality of life, living conditions and well-being of different needy or disadvantaged groups in society, such as children, the disabled, minorities, elderly or poor. Social Services include research, policy and direct practice interventions and may extend to areas such as care, education, nutrition, health, housing, social justice or human rights.

### **SOS Children's Villages Programme**

The SOS Children's Villages Programme is everything the organisation offers to help children who do not have either parents or a carer, or whose families are at risk of breaking down. Working with the child, the family and community, tailor-made solutions are found so that families provide loving and safe environments for the development of children and youth. Together with local partners, the SOS Children's Villages Programme builds the skills of families, communities, and authorities, and, when necessary, provides services directly.

### **SOS family**

An SOS family creates a family environment for those children who cannot live with their parents. SOS families are headed by an SOS mother/parent, a professionally trained care-giver, who creates emotionally stable relationships in a nurturing and secure home. When possible, biological brothers and sisters are kept together in one SOS family. SOS families are assisted by a supportive network.

### **UN Convention on the Rights of the Child (UNCRC)**

The UN Convention on the Rights of the Child (UNCRC) is the most widely acknowledged human rights document in history, ratified by 193 parties since being adopted by the UN General Assembly in 1989. While focusing on the rights of children, the UNCRC also sets forth which responsibilities and rights states and parents have in order to protect, care for and support children in the best possible manner.

### **UN Guidelines for the Alternative Care of Children**

The UN Guidelines for the Alternative Care of Children were welcomed by consensus in the UN General Assembly in November 2009. They provide critical guidance to national governments and other duty-bearers on implementing child rights on behalf of children without, or at risk of losing, parental care. They provide an authoritative framework for the development of empowering family strengthening interventions and the implementation of necessary quality standards across all alternative care settings.

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## The SOS Children's Villages Family Survey 2011

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This report is underpinned by the wealth of experience gained over decades by various teams of people who work exclusively for the betterment of the world's most impoverished children across five continents. All agree that children's development hinges on a strong family environment. To determine how best to create the desired environment, the expert opinion of teams working with SOS Children's Villages national associations was canvassed in a survey.

In a qualitative poll, participants were asked to name **the five main challenges for families in their respective countries**, as they currently perceived it, based on their work experience. The provision of additional information was encouraged to help outline how and why the challenges evolved, how change can be brought about and how their programme activities relate to the challenges. The result of the poll – combined with the most recent Child Rights Situation Analysis and Programme Evaluation data – provides the most comprehensive overview from the field.

**The questionnaire was conducted online between September 4 and October 16, 2011. SOS Children's Villages associations from 86 countries and five continents responded as follows:**

- **Africa & Middle East:** 38 countries
- **Central & Eastern Europe, CIS, Baltics:** 18 countries
- **Asia:** 11 countries
- **Latin America:** 10 countries
- **Western Europe and North America:** 9 countries

Respondents completed the survey after consultation with various teams, among them 22 National Directors, 16 National Programme Development Directors and other specialist staff such as advisors and managers of family strengthening programmes.

All survey results provided in French, Russian and Spanish were subsequently translated into English. Responses were categorised according to the dominant concerns, which related to: the basic survival of families, employment, health, education and parenting; these were further sub-categorised accordingly.

Frequency distribution was used to analyse the data, comparing recurrences within all categories between continents, which in turn were divided into several sub-categories. This methodology was also used to categorise additional information provided by most respondents; how and why the mentioned aspects challenge families, how change can be achieved and how programme activities relate to the challenges.

The final analysis demonstrating the greatest challenges facing families now appear as subheadings in the SOS Children's Villages Family Report 2012.



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## Who we are

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### **We are...**

SOS Children's Villages is a worldwide organisation that enables children to have a loving home with parents or carers.

### **Our Aim**

Every child needs a loving home to flourish in, and our aim is to help families all over the world make it happen.

### **Our Actions**

To achieve our aim, SOS Children's Villages runs a unique programme, developed over 60 years, with the support of donors and friends. Taking direct action and working with partners in the community, we enable children to live with parents or carers and to grow up with brothers and sisters in a loving home.

### **Our Approach**

We believe that every child should grow up in a caring family environment, and so our work helps families to create a loving home where a child can be a child. We help families care for their children and, when children can no longer live with their own families, we provide quality alternative care.

### **Our Focus**

We focus on the care, health, education and general development of each child or young person, over the long-term, so that they can face life's challenges in the future.

### **Our Uniqueness**

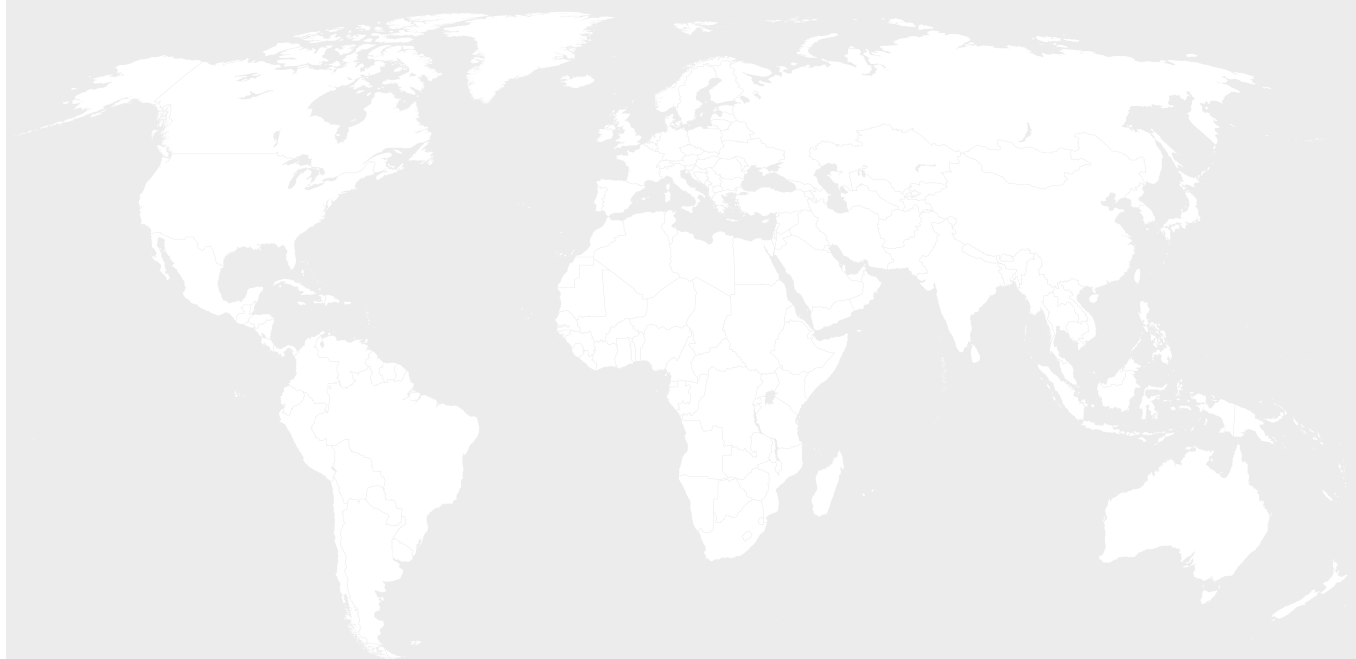
We are different from other organisations because we provide what each individual child needs. We get to know each child we deal with and work with them to develop an individual development plan. We continue our support until the youth is ready to become an independent adult. Although each child is unique, our vast experience tells us that all children need long term, resilient relationships, and that these are best developed in family environments, in which the dedicated love of a carer is essential.

### **Our Friends**

SOS Children's Villages needs regular support from friends, corporate partners, governments and foundations to give thousands of vulnerable children a loving home and the chance to just be a child.

*SOS Children's Villages works in more than 130 countries to support families and help children at risk grow up in a loving home. For more than 60 years, we have worked with partners in each community to either help families care for their children or to provide an alternative, for instance an SOS family, in which the love of a carer is essential. Everything we do is based on the best interests of the child, and each has an individual development plan. Uniquely, we provide practical support over the long term, so that each child or young person can develop resilient relationships and face life's challenges in the future.*

**SOS Children's Villages helps children and their families in 133 countries and territories around the world <sup>327</sup>.**



Albania	Chile	Guinea-Bissau	Mauritius	Somalia
Algeria	China	Haiti	Mexico	Somaliland
Angola	Colombia	Honduras	Mongolia	South Africa
Argentina	DR of the Congo	Hungary	Morocco	South Korea
Armenia	Costa Rica	Iceland	Mozambique	South Sudan
Australia	Côte d'Ivoire	India	Namibia	Spain
Austria	Croatia	Indonesia	Nepal	Sri Lanka
Azerbaijan	Czech Republic	Israel	Netherlands	Sudan
Bangladesh	Denmark	Italy	Nicaragua	Swaziland
Belarus	Djibouti	Jamaica	Niger	Sweden
Belgium	Dominican Republic	Japan	Nigeria	Switzerland
Benin	Ecuador	Jordan	Northern Cyprus	Syria
Bolivia	Egypt	Kazakhstan	Norway	Taiwan, China
Bosnia and Herzegovina	El Salvador	Kenya	Pakistan	Tanzania
Botswana	Equatorial Guinea	Kosovo	Palestinian territories	Thailand
Brazil	Estonia	Kyrgyzstan	Panama	Togo
Bulgaria	Ethiopia	Laos	Paraguay	Tunisia
Burkina Faso	Finland	Latvia	Peru	Uganda
Burundi	France	Lebanon	Philippines	Ukraine
Cambodia	French Polynesia	Lesotho	Poland	United Kingdom
Cameroon	Gambia	Liberia	Portugal	USA
Canada	Georgia	Lithuania	Romania	Uruguay
Cape Verde	Germany	Luxembourg	Russia	Uzbekistan
Central African Republic	Ghana	FYR of Macedonia	Rwanda	Venezuela
Chad	Greece	Madagascar	Senegal	Vietnam
	Guatemala	Malawi	Serbia	Zambia
	Guinea	Mali	Sierra Leone	Zimbabwe

**UNICEF country classification****AS = Arabic States**

Algeria, Bahrain, Djibouti, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libyan Arab Jamahiriya, Mauritania, Morocco, Occupied Palestinian Territory, Oman, Qatar, Saudi Arabia, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates, Yemen

**CEE = Central and Eastern Europe**

Albania, Belarus, Bosnia and Herzegovina, Bulgaria, Croatia, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Montenegro, Poland, Republic of Moldova, Romania, Russian Federation, Serbia, Slovakia, Slovenia, The Former Yugoslav Republic of Macedonia, Turkey, Ukraine

**CA = Central Asia**

Armenia, Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, Mongolia, Tajikistan, Turkmenistan, Uzbekistan

**EAP = Easter Asia and Pacific**

Australia, Brunei Darussalam, Cambodia, China, Cook Islands, Democratic People's Republic of Korea, Fiji, Indonesia, Japan, Kiribati, Lao People's Democratic Republic, Macao (China), Malaysia, Marshall Islands, Federated States of Micronesia, Myanmar, Nauru, New Zealand, Niue, Palau, Papua New Guinea, Philippines, Republic of Korea, Samoa, Singapore, Solomon Islands, Thailand, Timor-Leste, Tokelau, Tonga, Tuvalu, Vanuatu, Vietnam

**LAC = Latin America and Caribbean**

Anguilla, Antigua and Barbuda, Argentina, Aruba, Bahamas, Barbados, Belize, Bermuda, Bolivia, Brazil, British Virgin Islands, Cayman Islands, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Montserrat, Netherlands Antilles, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, Turks and Caicos Islands, Uruguay, Bolivarian Republic of Venezuela

**NAWE = North America and Western Europe**

Andorra, Austria, Belgium, Canada, Cyprus, Denmark, Finland, France, Germany, Greece, Iceland, Israel, Italy, Luxembourg, Malta, Monaco, Netherlands, Norway, Portugal, San Marino, Spain, Sweden, Switzerland, United Kingdom, United States

**SWA = South and West Asia**

Afghanistan, Bangladesh, Bhutan, India, Islamic Republic of Iran, Maldives, Nepal, Pakistan, Sri Lanka

**SSA = Sub-Saharan Africa**

Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cape Verde, Central African Republic, Chad, Comoros, Congo, Cote d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Eritrea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, Somalia, South Africa, Swaziland, Togo, Uganda, United Republic of Tanzania, Zambia, Zimbabwe



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## Imprint

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**Editorial Office:**

Research & Development Department,  
Fundraising and Communications Department in  
SOS Children's Villages International,  
Hermann-Gmeiner-Str. 51, 6020 Innsbruck, Austria

**Publisher:**

SOS Children's Villages International

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**Translations:**

Young Translations LLC, Vienna, Austria

**Graphic Design, Layout:**

Simone Huetlin, Munich, Germany

**Illustrations and figures:**

Simone Huetlin, Munich, Germany

**Photography credits:**

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**We thank all national associations of SOS Children's Villages** who contributed to the SOS Children's Villages Family Survey between September and October 2011.

We express our thanks to the following colleagues who **contributed with supportive feedback** and information to concept or writing: Bernhard Babic, Elisabeth Breitenlacher,

Paul Butcher, Olonchimeg Dorjpurev, Silvia Exenberger, Vincent Hlabangana, Alan Kikuchi-White, Stephanie Klotz, Magdalena Krenn, Cristian Maneiro, Moremi Mosa, Michaela Obholzer, Elsa Osmani, Nidhi Pundhir, Kelig Puyet, Chaina Rani Shaha, Divakar Ratnadurai, Emmanuel Sherwin, Vera Sartori, Raluca Verweijen-Slamescu, Velkoska Violeta.





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